



# Pike County General Health District 2009 H1N1 Influenza Vaccine Consent Form

## Section 1: Information about Child to Receive Vaccination

(Please Print)

Student's Name ( <i>Last</i> )		(First, M.I.)		Student's Date of Birth ____/____/____	
School			Grade		
Parent/Legal Guardian's Name ( <i>Last</i> )		(First, M.I.)		Parent's Daytime Phone Number	
Address		City		State	Zip Code

## Section 2: Screening for Vaccine Availability

If your child has already received a 2009 H1N1 influenza vaccine, please tell us the number of doses and dates of vaccination.

Dose 1 Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Form (please circle one): nasal spray    shot

Dose 2 Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Form (please circle one): nasal spray    shot

The following questions will help us know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

	YES	NO
1. Does your child have a serious allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillian-Barre Syndrome (a type of severe muscle weakness) within 6 weeks after receiving a flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>

## Section 3: Consent for Student's Vaccination

*I have read or had explained to me the 2009-2010 Vaccination Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.*

**I GIVE CONSENT** to the Pike County General Health District and its staff to vaccinate my child named above with this vaccine and grant them access to his/her vaccination records. (If this consent form is not signed, dated, and returned, then your child will not receive a vaccination at school.)

Signature of Parent/Legal Guardian

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**I DO NOT GIVE CONSENT** to the Pike County General Health District and its staff to vaccinate my child named above with this vaccine. (Even if you do not consent, it is necessary to return this form.)

Signature of Parent/Legal Guardian

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Administer	Route	Dose #	Lot #	Dose #	Administrator
2009 H1N1		IM				
2009 H1N1		IM				