

2009 H1N1 FLU VACCINE CONSENT FORM

Information collected on this form will be used to document permission for your child to receive the 2009 H1N1 influenza vaccine at your child's school. Record of this immunization may be shared through the Wisconsin Immunization Registry (WIR) with other health care providers directly involved with your child's care.

SCHOOL: _____ **City:** _____

| | | | | | |
|--|------------------|--|--|--|-----------------|
| Student's Name (Last, First, Middle initial) | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Student's Birthdate Month _____ Day _____ Year _____ | | Student's Age | School Grade | Parent/Guardian Daytime Phone Number () _____ | |
| Home Address | P. O. Box | City | County | State | Zip Code |
| Parent/Guardian's Name | | Okay to share H1N1 immunization data with the Wisconsin Immunization Registry (WIR)? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Please answer the following questions (circle Yes or No):

| | | |
|---|-----|----|
| 1. Does your child have a serious allergy to eggs? | YES | NO |
| 2. Does your child have any other serious allergies? Please list _____ | YES | NO |
| 3. Has your child ever had a serious reaction or allergic response to past flu vaccinations? | YES | NO |
| 4. Has your child ever had Guillian Barré syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine? | YES | NO |

CONSENT FOR CHILD'S VACCINATION:

I have read, or have had explained to me, the 2009 Vaccine Information Statement for 2009 H1N1 influenza vaccine. I have had a chance to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine requested and ask that the vaccine be given to the student named above for whom I am authorized to make this request.

Signature **X** _____

Date _____

| | |
|--|---------------------|
| FOR OFFICE USE | VIS date: 10/02/009 |
| 2009 H1N1: Route (circle one) = IM Body site (circle one) = RD or LD Dose (circle one): 1 or 2 | |
| Manufacturer _____ Lot No. _____ | |
| Signature and title of person administering vaccine: _____ | |
| Date vaccine administered: _____ | |