



Sterling Public Schools

Where kids achieve!

Parents:

Please check one of the boxes below and return this form to your child's school. Remember, the only way your child can receive a free H1N1 Flu Vaccination is to have this form completed, signed, and returned to his or her school.

The four acceptable means of returning the H1N1 Influenza Vaccine Consent Form include:

1. Hand deliver the signed consent form to school prior to date listed above. You, or your child, can give it to his or her teacher or school nurse.
2. Fax the signed consent form to your child's school nurse
3. Email the signed consent form to your school's nurse (pdf format only)
4. Bring the signed consent form with you as you personally accompany your child at the time of vaccination.

No, I do not want my child to have the H1N1 Flu vaccination at his or her school.

Yes, I want my child to receive the H1N1 Flu vaccination at his or school. As a parent/guardian, **I will not be present** a time of the vaccination shot, and I give the school permission to administer the shot in my absence.

Yes, I want my child to receive the H1N1 Flu vaccination at his or her school. As a parent/guardian, **I will be present** at the time of the vaccination shot, and do not want the school to administer the shot without me present.

* If you choose this option, please make arrangements to have your child's shot administered after school hours.

2009 H1N1 INFLUENZA VACCINE CONSENT FORM

Section 1: Information about person to receive Vaccine(please print)

NAME (Last)	(First)	(M.I.)	DATE OF BIRTH Month _____ Day _____ Year _____	
PARENT/LEGAL GUARDIAN'S NAME	(First)		AGE	GENDER
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:	
CITY	STATE	ZIP		
SCHOOL NAME (if receiving at school)			GRADE (if receiving at school)	

Section 2: Screening for Vaccine Eligibility

If your child has already been vaccinated with 2009 H1N1 vaccine, please tell us the number of doses and dates of vaccination.

Dose 1 Date received: month _____ day _____ year _____

Does the person receiving the vaccine have any of the following:	YES	NO
1. Have a serious allergy to eggs?		
2. Have any other serious allergies that you know of? Please list: _____		
3. Have you ever had a serious reaction to a previous dose of flu vaccine?		
4. Have you ever had Guillain-Barre Syndrome (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

Section 3: Consent

CONSENT FOR VACCINATION

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

I GIVE CONSENT to the STATE/LOCAL health department and its staff for person named at the top of this form to get vaccinated with this vaccine. (If this consent form is not signed, dated and returned, then your child will not be vaccinated at school.)

Signature of Parent/Legal Guardian _____

Date: month _____ day _____ year _____

Section below to be filled out by the staff at Whiteside County Health Department

Date Administered	Site	Manufacture/Lot	Vaccine Administered by