

Susquehanna Community School District H1N1 Influenza Vaccination Consent Form

Please complete and return this form to the district health office by **October 23, 2009**.

This form must be completed and returned by **ALL** students.

Please **PRINT** the following information:

Student's last Name:	Student's First Name:	Age:	Grade:
Address:	Home Phone: Cell Phone: Work Phone:	Date of Birth:	
Teacher:	Has your child ever had a flu vaccine before? <input type="checkbox"/> YES <input type="checkbox"/> NO		
	Did they receive only one dose of flu vaccine the first time they had the flu vaccine? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Allergies or medical alert:			

If you answer "YES" to any of the following questions, you will be contacted by the Susquehanna Community School District Health Office before the vaccine will be administered.

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

Vaccination dates will be determined for all students according to their age.

I have been given the Centers for Disease Control and Prevention Vaccine Information Sheets. I have read these documents and have no further questions at this time. I understand the risks and benefits of both vaccines. I request and voluntarily consent that H1N1 vaccine be given to _____ of whom I am the parent or legal guardian, and I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the possible side effects and warnings and precautions that should be taken into consideration prior to administration of the vaccine.

CONSENT FOR STUDENT'S 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 SUSQUEHANNA COMMUNITY SCHOOL DISTRICT and its staff for my child named at the top of this form to get vaccinated with this vaccine.

Signature of Parent/Legal Guardian _____

Date: _____

I DO NOT GIVE CONSENT to the SUSQUEHANNA COMMUNITY SCHOOL DISTRICT and its staff for my child named at the top of this form to get vaccinated with this vaccine.

Signature of Parent/Legal Guardian _____

Date: _____

I would like to be present when the vaccine is given to my child. _____ YES _____ NO

Vaccine	Date Dose Administered	Site Dose Administered	Vaccine Manufacturer	Lot Number	Expiration Date	Name and Title of Vaccine Administrator
2009 H1N1 Dose # 1		RD LD RG LG				
2009 H1N1 Dose # 2		RD LD RG LG				