

Sauk County H1N1 Influenza Vaccine Consent Form – School Based Clinic

Section 1: Information about Child to Receive Vaccine (please print)

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH month _____ day _____ year _____	
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			ETHNICITY (PLEASE CIRCLE) Non-Hispanic Hispanic American Indian Asian Black/African American White Other		
CITY	STATE	ZIP			
SCHOOL NAME			GRADE		

Section 2: Screening for Vaccine Eligibility

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

- Dose 1 Date received: month _____ day _____ year _____ Form (please circle): nasal spray shot
 Dose 2 Date received: month _____ day _____ year _____ Form (please circle): nasal spray shot

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question. If you answer "NO" to all four of the following questions, your child may get the influenza vaccine at school. If you answer "YES" to one or more of the following four questions or if your child is ill with a fever, your child will MAY NOT get the influenza vaccine at school. Please contact your child's medical provider or your local health department for H1N1 vaccination information. Please mark one box per question.

	YES	NO
1. Does your child have an allergy to eggs (including egg protein)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your child have any other serious allergies? Please list:	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?	<input type="checkbox"/>	<input type="checkbox"/>

Section 3: Consent

CONSENT FOR CHILD'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 for my child named at the top of this form to receive H1N1 flu vaccine at his/her school's immunization clinic. I DO / DO NOT (PLEASE CIRCLE ONE) give consent to share immunization data in the Wisconsin Immunization Registry (WIR). Signature of Parent/Legal Guardian: _____ Date: month _____ day _____ year _____	I DO NOT GIVE CONSENT for my child Named at the top of this form to receive H1N1 flu vaccine at his/her school's immunization clinic Signature of Parent/Legal Guardian: _____ Date: month _____ day _____ year _____

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				
2009 H1N1	/ /	<input type="checkbox"/> IM <input type="checkbox"/> Intranasal				

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