

## 2009 H1N1 Influenza Vaccine School-Based Consent Form for Rice County Health Department

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

STUDENT'S NAME (Last)		(First)	(M.I.)	STUDENT'S DATE OF BIRTH	
				month	day
PARENT/LEGAL GUARDIAN'S NAME (Last)		(First)	(M.I.)	STUDENT'S AGE	STUDENT'S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
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

A. 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. If you answer "NO" to all of the following questions, your child can probably get the influenza vaccine. If you answer "YES" to one or more of the following questions, your child may be able to get the 2009 H1N1 vaccine, but we will contact you to discuss your options.

	YES	NO
1. Does your child have a serious allergy to eggs?		
2. Does your child have any other serious allergies? Please list:		
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?		
4. Has your child ever had Guillain-Barré Syndrome?		

B. There are two kinds of 2009 H1N1 influenza vaccine. Your answers to the following questions will help us know which of the two kinds of vaccine your child should receive.

	YES	NO
1. Does your child have any of the following: asthma, immune disorder, seizure, cerebral palsy, diabetes, lung, heart, kidney or liver disease? If younger than 5 years: has your child had any episodes of wheezing in the last year?		
2. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?		
3. Is your child pregnant?		
4. Does your child have close contact with a person who needs care in a protected environment (for example, someone who has recently had a bone marrow transplant)?		

**NOTIFY THE SCHOOL IF YOUR CHILD HAS HAD LIVE VIRUS VACCINES (MMR, CHICKENPOX, NASAL FLU VACCINE) WITHIN 4 WEEKS BEFORE THE DATE OF SCHEDULED SCHOOL VACCINATION CLINIC. NOTIFY THE SCHOOL IF YOUR CHILD HAS TAKEN TAMIFLU, RELENZA OR PERAMIVIR WITHIN 48 HOURS OF SCHEDULED SCHOOL VACCINATION. IN THESE CASES VACCINATION FOR H1N1 WILL HAVE TO BE DELAYED.**

### Section 3: Consent for Child's Vaccination

I have read or had explained to me the Vaccine Information Statement for the 2009 H1N1 Influenza Vaccine.

<p><b>I GIVE CONSENT</b> to the Rice County Health Department and its staff for my child, named at the top of this form, to be vaccinated with H1N1 Vaccine and for the information on this form to be released to the Kansas Countermeasure Response and Administration for the purpose of assessment and reporting. (If this consent form is not signed, dated and returned, your child will not be vaccinated at school.</p> <p>Parent/Guardian Signature: _____</p> <p>Date: month ____ day ____ year ____</p>	<p><b>I DO NOT GIVE CONSENT</b> to the Rice County Health Department and its staff for my child named at the top of this form to be vaccinated with this vaccine.</p> <p>Parent/Guardian Signature: _____</p> <p>Date: month ____ day ____ year ____</p> <p><b>PLEASE RETURN THIS FORM TO SCHOOL WHETHER OR NOT YOU WANT YOUR CHILD TO BE VACCINATED.</b></p>
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#### FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Admin.	Route	IM Site	Dose #	Manufacturer	Lot	Vaccine Administrator
2009 H1N1		IM	RVL    LVL	1    2			
		Intranasal	RD    LD				
2009 H1N1		IM	RVL    LVL	1    2			
		Intranasal	RD    LD				