

**ERIE COUNTY HEALTH DEPARTMENT
2009-2010 H1N1 (Swine) Influenza Vaccine Consent Form**

By signing the boxes below, you are giving consent for vaccination, release of this record to school or physician and acknowledgement of receipt of written information concerning the flu vaccine. Please complete the form using a blue or black pen and return to your child's school.

STUDENT INFORMATION:

NAME: Last	First	MI	Date of Birth	Age
Address: Street	City	County	Zip	Gender
PERMISSION TO ADMINISTER VACCINE: Signature of responsible person(parent or guardian) authorized person to request the flu vaccine be administered: X		PERMISSION TO RELEASE INFORMATION: I grant permission for the flu administration record to be released to the school and/or private physician as needed and within the guidelines of Erie County's privacy policy. The presence of my signature acknowledges that I have had the opportunity to review or receive a copy of the Erie County Health Department's Notice of Privacy Practices. X		

PARENT/GUARDIAN INFORMATION:

NAME: Last	First	MI	Daytime Phone #
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Has this student received **any** vaccine in the past 30 days? Yes No

Vaccine: _____ Date Given: month _____ day: _____ year: _____

Seasonal Flu vaccine: Yes No Mist Injection Date Given: month _____ day: _____ year: _____

List food or medication allergies the student has: _____

Has this student ever had a severe reaction to a previous dose of flu vaccine? Yes No

Has this student ever had Guillain-Barre Syndrome (a temporary muscle weakness) within 6 weeks of receiving a flu vaccine: Yes No

Does this student have asthma? Yes No

Does this student have a weak immune system due to disease or medications (such as HIV, cancer, cancer medications or steroids)? Yes No

Is this student pregnant? Yes No

FOR CLINIC USE ONLY

2009 H1N1

Clinic Site:	Manufacturer:	Lot #	Route: <input type="checkbox"/> Intranasal <input type="checkbox"/> IM Site:	Name and Title of administrator:	VIS Date: 10/02/09
Date:					

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