

2009 H1N1 Influenza Vaccine Consent Form

SECTION 1: INFORMATION ABOUT CHILD TO RECEIVE VACCINE (PLEASE PRINT IN ENGLISH)

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					PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP					
SCHOOL NAME					GRADE		CLASSROOM

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.

- | | | | | |
|---------------------------------|----------------|-------------------------------|-------------|------|
| <input type="checkbox"/> Dose 1 | Date received: | Vaccine Form (please circle): | nasal spray | shot |
| <input type="checkbox"/> Dose 2 | Date received: | Vaccine Form (please circle): | nasal spray | shot |

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 seven questions, your child may not be able to get the 2009 H1N1 vaccine.

	YES	NO
1. Does your child have an allergy to eggs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your child have any other serious allergies that you know of? Please list: _____	<input type="checkbox"/>	<input type="checkbox"/>
3. Has your child ever had a serious reaction to a previous dose of flu vaccine?	<input type="checkbox"/>	<input type="checkbox"/>
4. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle paralysis or weakness)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is your child on long-term aspirin or aspirin containing therapy?	<input type="checkbox"/>	<input type="checkbox"/>
6. Has your child been vaccinated with any vaccine within the last 30 days? Type: _____ Date: _____	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your child live in a household with any person with a severely compromised immune system (such as leukemia or a recent organ transplant)?	<input type="checkbox"/>	<input type="checkbox"/>

The intranasal vaccine for H1N1 will only be given to students without significant health conditions (for example, asthma, diabetes, sickle cell anemia, pregnancy, HIV, cancer, seizure disorders). If your child has any of these conditions, contact your child's physician to receive the H1N1 vaccine.

To the best of my knowledge, my child does not have any significant health conditions.

Signature of Parent/Legal Guardian _____

SECTION 3: CONSENT

CONSENT FOR CHILD'S VACCINATION:

I have read or had explained to me the attached 2009-2010 Vaccine Information Statement (VIS) for the 2009 H1N1 influenza vaccine and I understand the risks and benefits. I also understand that my child's information must be reported to Philadelphia Department of Public Health and the Centers for Disease Control and Prevention for receipt of the H1N1 influenza vaccine.

I HEREBY GIVE CONSENT to the Archdiocese of Philadelphia and the Philadelphia Department of Public Health for my child to get vaccinated with the H1N1 influenza vaccine. On behalf of myself and my child, I hereby release, discharge, waive and agree to hold harmless, The Archdiocese of Philadelphia and their officers, employees, and contractors, from and against any and all liabilities, losses, and claims, including without limitation, for personal injury or death, arising from or relating to, the vaccination of my child.

Signature of Parent/Legal Guardian _____

Date: month day year

Section 4: Review of Form

Initials of representative who reviewed this form: _____ Date: _____