Minnesota 2009/2010 H1N1 Influenza Vaccine Injection or Nasal Spray School Consent Form	Kandiyohi County Public Health 2200 23rd St NE Suite 1080, Willmar, MN 320-231-7860 Fax: 320-231-7888

Information about Child to Receive Vaccine (Please Print)

Student's Name (Last)	(First)	(M.I.)	**Student's Date Of Birth** Month______ Day_______ Year__________
Mothers Maiden Name (Last)			**Student's Age** / **Student's Gender** M / F
Address			
City	**State**	**Zip**	**Parent/Guardian Daytime Phone Number:**
School Name			**Grade**

The answers to the following questions will help us determine if your child can get the 2009 H1N1 influenza vaccine

Please mark YES or NO for each question.	YES	NO
1. Is your child sick today?		
2. Does your child have a serious allergy to eggs?		
3. Does your child have a serious allergy to thimerosal?		
4. Has your child ever had a serious reaction to a previous dose of influenza vaccine?		
5. Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?		

Your answers to the following questions will help us know which type of vaccine your child is eligible to receive.

Please mark YES or NO for each question.	YES	NO
1. Has your child gotten vaccinated with MMR, chicken pox, or any other live vaccine within the past 30 days?		
2. Has your child gotten vaccinated with Flu vaccine? **If YES, please circle type and date of vaccination.** Seasonal Flu vaccine OR H1N1 vaccine Injection OR MIST **DATE:**		
3. Does your child have any of the following: Asthma, diabetes (or other type of metabolic disease), or disease of the lungs, heart, kidneys, liver, nerves, or blood?		
4. Is your child on long-term aspirin or aspirin-containing therapy? (For example, does your child take aspirin every day)		
5. Does your child have a weak immune system? (For example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?		
6. Is your child pregnant?		
7. Does your child visit a hospitalized person who needs care in a protected environment? (For example, a hospitalized person who has had a bone marrow transplant)		
8. Has your child been on an antiviral medication within the last 48 hours?		

Consent For Child's Vaccination:

- I GIVE CONSENT for my child to be vaccinated with the 2009 H1N1 vaccine. I have received the 2009-2010 Vaccine Information Statement for the 2009 H1N1 influenza vaccine and understand the risks and benefits.
- I hereby request that the Kandiyohi County Public Health administer the Flu vaccination. I hereby forever release the Kandiyohi County Public Health, its agents, employees, officers, and the County of Kandiyohi for any illness, injury, loss or condition I may suffer, including death, due to the administration of this vaccine.
- I have been informed and I understand that the vaccine my child is to receive may not be effective in all people and may not in fact protect him/her from the disease it is intended to prevent.
- I understand that the information contained within this record is being maintained to monitor immunization needs in order to prevent disease. This information is confidential and will only be shared with organizations or persons who are authorized by law to receive it. This includes the Minnesota Department of Health, a health care provider or health care organization providing services on behalf of the child, the child's school or childcare and anyone else authorized under law to receive it. This information will be included in the Minnesota Immunization Information Connection Registry, a secure web-based registry system for health care providers. If you choose not to have your information shared with registry please call 1-800-657-3970.

Signature of Parent/Legal Guardian:

Sign: ____ **Date:** ___________________________

(Vaccination will not be administered if this consent form is not signed and dated.)

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Administered/ VIS Given	Route	Dose	Injection Site	Vaccine Manufacturer	Lot Number
2009 H1N1		IM Intranasal	0.5 ml 0.2 ml			
Name and Title of Vaccine Administrator						