



Child/Minor Novel Influenza A (2009) H1N1 Influenza Vaccine Consent Form

Section 1: Demographics (please print)

Form with fields for CHILD/MINOR'S NAME, PARENT/LEGAL GUARDIAN'S NAME, ADDRESS, CITY, STATE, ZIP, SCHOOL NAME, CHILD/MINOR'S DATE OF BIRTH, CHILD/MINOR'S GENDER, PARENT/GUARDIAN DAYTIME PHONE NUMBER, and GRADE.

Section 2: Screening for Vaccine Eligibility: Please mark YES or NO for each question.

Table with 3 columns: Question, YES, NO. Contains 5 screening questions about allergies and previous reactions.

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/minor should get.

Table with 3 columns: Question, YES, NO. Contains 6 screening questions about recent vaccinations and medical conditions.

Section 3: Consent

CONSENT FOR CHILD/MINOR'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 to Johnson County Public Health and its staff for child/minor named at the top of this form to be vaccinated with this vaccine.

(If this consent form is not signed, dated, and returned, then your child/minor will not be vaccinated)

Signature of Parent/Legal Guardian
Date: month day year

I DO NOT GIVE CONSENT to Johnson County Public Health and its staff for my child/minor named at the top of this form to be vaccinated with this vaccine

Signature of Parent/ Legal Guardian
Date: month day year

Section 4: Vaccination Record

FOR ADMINISTRATIVE USE ONLY

Table with 7 columns: Vaccine, Date Dose Administered, Route/Site, Dose Number (1st or 2nd), Vaccine Manufacturer, Lot Number, Name and Title of Vaccine Administrator. Contains rows for 2009 H1N1 vaccinations.

Priority Group (circle one): Pregnant Household Contacts/Caregiver of Child < 6 months Health Care Worker / EMS
6 months - 24 years of age 25 - 64 yrs with Chronic Illness Healthy Person 25-64 yrs. Person > 64 yrs.