

# 2009 H1N1 INFLUENZA VACCINE CONSENT FORM

## MOUNT DESERT ISLAND REGIONAL SCHOOL SYSTEM – AOS 91

Dear Parents:

The MDI Regional School System will be conducting community H1N1 vaccine clinics for pre-school children, ages 2 through 5. Please read the enclosed vaccine information sheets. FluMist is available for healthy (non-asthmatic) children, ages 2 and older, and injectable, thimerosal-free H1N1 vaccine is available for children 36 months of age and older. If you are interested in your child receiving an H1N1 influenza vaccine at no cost to you, please complete both sides of this permission form and bring with you to one of the vaccine clinic locations listed below:

<u>Location</u>	<u>Date</u>	<u>Time</u>	<u>Phone</u>
Pemetic Elementary School (SWH)	12/01	8:30 – 9:30 AM	244-5502
Mt. Desert Elementary School (NEH)	12/01	8:30 – 9:30 AM	276-3348
Connors-Emerson School (Bar Harbor)	12/02	3:00 – 4:00 PM	288-3631
Connors-Emerson School (Bar Harbor)	12/07	3:00 – 4:00 PM	288-3631
Pemetic Elementary School (SWH)	12/08	3:00 – 4:00 PM	244-5502
Mt. Desert Elementary School (NEH)	12/10	3:00 – 4:00 PM	276-3348

Parents MUST call the preferred location as soon as possible TO RESERVE your vaccine. Children of this age group will need 2 doses, given at least four weeks apart. You will be notified when second doses are available. If you have questions, please consult your child’s physician or a school nurse. The CDC encourages you to stay informed by checking the following websites for the latest information: [www.cdc.gov/H1N1](http://www.cdc.gov/H1N1) and [www.flu.gov](http://www.flu.gov).

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

CHILD’S NAME (Last)		(First)	(M.I.)	CHILD’S DATE OF BIRTH month _____ day _____ year	
PARENT/LEGAL GUARDIAN’S NAME (Last)		(First)	(M.I.)	CHILD’S AGE	CHILD’S GENDER M / F
ADDRESS			PARENT/GUARDIAN DAYTIME PHONE NUMBER:		
CITY	STATE	ZIP			
VACCINE LOCATION			GRADE N/A		
HEALTH INSURANCE COMPANY			HEALTH INSURANCE NUMBER		

The following questions will help us to know if your child can get the 2009 H1N1 influenza vaccine. Please mark YES or NO for each question.

A. If you answer “NO” to all four of the following questions, your child can probably get the influenza vaccine. If you answer “YES” to one or more of the following four 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 (a type of temporary severe muscle weakness) within 6 weeks after receiving a flu vaccine?		

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**B. There are two kinds of 2009 H1N1 influenza vaccine, the shot and the nasal spray or FluMist. Your answers to the following questions will help us know which of the two kinds of vaccine your child can get.**

	YES	NO
1. Has your child gotten vaccinated with any vaccine (not just flu) within the past 30 days? Vaccine: _____ Date given: _____ month _____ day _____ year _____	<input type="checkbox"/>	<input type="checkbox"/>
2. 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?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is your child on long-term aspirin or aspirin-containing therapy (for example, does your child take aspirin every day)?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your child have a weak immune system (for example, from HIV, cancer, or medications such as steroids or those used to treat cancer)?	<input type="checkbox"/>	<input type="checkbox"/>
5. 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)?	<input type="checkbox"/>	<input type="checkbox"/>

I would prefer my child receive the (circle one): FluMist (a live, attenuated virus)      Shot (a killed virus)      No Preference

NOTE: Due to vaccine availability, we cannot guarantee being able to fulfill your first choice.

Name of Child \_\_\_\_\_ Birthdate \_\_\_\_\_

### **Section 2: Consent**

#### **CONSENT FOR CHILD'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 the MDIRSS and its staff for my child 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 will not be vaccinated at school).

Signature of Parent/Legal Guardian \_\_\_\_\_

Date: month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

### **Section 3: Permission to Release Information**

I consent to allow the MDIRSS to release this information to my child's health care provider.      YES      NO

Name of health care provider \_\_\_\_\_

### **Section 4: Vaccination Record**

FOR ADMINISTRATIVE USE ONLY

Vaccine	Date Dose Administered	Route	Dose Number (1st or 2nd)	Vaccine Manufacturer	Lot Number	Name and Title of Vaccine Administrator
2009 H1N1	/ /	IM Intranasal				
2009 H1N1	/ /	IM Intranasal				