

# Flu Vaccine Consent Form

School Name: \_\_\_\_\_ Clinic Date: \_\_\_\_\_

PLEASE COMPLETE ALL OF THE INFORMATION BELOW - Please print using ink. Incomplete forms will not be accepted

FIRST NAME of student				MIDDLE INITIAL	LAST NAME of student				SUFFIX (Jr., III, etc)	
Gender: Male Female		Birthdate: (mo, day, yr)		Age		Homeroom Teacher		Grade		
Address					Phone# ( ) -			Mother's Maiden Name (For registry)		
City		Zip Code		State		Race: (Circle one) African American / Black White Alaska Native Asian Hawaiian / Pacific Islander Other			City: (circle one) Hispanic Non-Hispanic Other	
Email address:										



theura (n)7 f 539.64 507.24 14.52 1.44 re f\* q 1 0 0 1 554.4 507.2

VACCINE INFORMATION STATEMENT

**Influenza A/Ly/1/2009/Australia**

For vaccine information statements, see...

...in Spanish and other languages...

**Spanish Influenza (H1N1) Vaccine**

...is a vaccine that is given to help prevent...

...the flu. It is made from the virus...

...that causes the flu. It is given...

...to people who are at high risk...

...of getting the flu. It is given...

...in the form of a shot. It is given...

...to people who are 65 years of age...

...or older. It is given to people...

...who have long-term health...

...problems. It is given to people...

...who are in long-term care...

...facilities. It is given to people...

...who are in contact with...

...people who have the flu. It is...

...given to people who are...

...traveling to or from...

...countries where the flu is...