FLORIDA DEPARTMENT OF HEALTH

Division of Disease Control

Bureau of Immunization

Novel H1N1 Vaccine Consent Form

To be used only for **parental/guardian** consent **when consenting adult is not present with the child** (e.g., school-based immunization clinics)

I have received, read, and understand the **Novel H1N1 Vaccine Information Statement** (VIS).

I have had a chance to ask questions and discuss my concerns with a healthcare professional.

I give permission to Charlotte County Health Department to give my child the Novel H1N1 vaccine in my absence.

Information about child to receive vaccine (Please Print)

Name: _____ (*Last*) _____ (*First*) _____ (*Middle Initial*)

DOB: _____ **Gender:** _____ (*M or F*) **School:** _____ **Grade:** _____

Address: _____ (*Street*) _____ (*City*)

_____ (*County*) _____ (*State*) _____ (*Zip*)

Telephone #: _____ **Cell #:** _____

I, _____, ((*please print name of consenting adult*), have the following relation; with the child named above *(please check relationship to child)*.

☐Court Order	☐Legal Guardian	☐Father	☐Mother
☐Adult Aunt	☐Adult Brother	☐Adult Sister	☐Adult Uncle
☐Grandfather	☐Grandmother	☐Stepmother	☐Stepfather

(*Please check one)*

1.	Has your child ever had an allergic reaction to flu vaccine?	☐ Yes	☐ No
2.	Is your child allergic to eggs, or egg products?	☐ Yes	☐ No
3.	Is your child allergic to thimerosal (a mercury-based preservative)?	☐ Yes	☐ No
4.	Is your child allergic to latex?	☐ Yes	☐ No

I have the legal authority, based on the relationship to the child as indicated above pursuant to s.743.0645, F.S., to consent to this vaccine administration for the child named above.

Print Name _____

Signature _____ **Date** _____

For Office Use Only

Date of Vaccination	**Date of Vaccination**
Vaccine Manufacturer	**Vaccine Manufacturer**
Lot Number	**Lot Number**
R / L Deltoid	**R / L Deltoid**
Site of Injection	**Site of Injection**
Administered by Title	**Administered by Title**

Print

09/09