

IF YOU HAVE ANY QUESTIONS ABOUT H1N1 INFLUENZA OR H1N1 INFLUENZA VACCINE, PLEASE CALL US AT THE HEALTH CENTER OR CALL YOUR CHILD'S DOCTOR BEFORE SIGNING THIS FORM.

**If you want your child to receive the H1N1 influenza vaccine, please provide the information requested in the box below and return this form to Marty Smith at Bement.
Thank you.**

I have read the information sheet provided by the Department of Health and Human Services at CDC and hereby authorize the Health Center staff to administer the H1N1 influenza vaccine to:

_____ Age _____
(Name of Student) (Current Age)

My child has asthma.

My child has the following chronic health issue which may put him/her at increased risk of complications from H1N1 influenza: _____

(Signature of Parent or Guardian)

(Date)

FOR HEALTH CENTER USE ONLY

Date Vaccinated	Manufacturer & Lot #	Site of Injection	Person Administering Vaccine