

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 (Organization Name) _____ to give my child the Novel H1N1 vaccine in my absence.

Information about child to receive vaccine (Please Print)		
Name:	_____	_____
	<i>Last</i>	<i>First</i>
		<i>MI</i>
Student ID:	_____	SSN: _____
DOB:	_____	Gender: _____
		<i>(M or F)</i>
		Race: _____
Address:	_____	_____
	<i>Street</i>	<i>City</i>
	_____	_____
	<i>County</i>	<i>State</i>
		<i>Zip</i>
Telephone #:	_____	Cell #: _____
School Name:	_____	
Grade:	_____	

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

- | | | | |
|--------------------------------------|---|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Court Order | <input type="checkbox"/> Legal Guardian | <input type="checkbox"/> Father | <input type="checkbox"/> Mother |
| <input type="checkbox"/> Adult Aunt | <input type="checkbox"/> Adult Brother | <input type="checkbox"/> Adult Sister | <input type="checkbox"/> Adult Uncle |
| <input type="checkbox"/> Grandfather | <input type="checkbox"/> Grandmother | <input type="checkbox"/> Stepmother | <input type="checkbox"/> Stepfather |

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	Vaccine Type	Lot Number
_____	_____	_____
Administered By	Title	