

Name of Child: _____

History of Previous Influenza Vaccines	YES	NO
1. Did your child receive any H1N1 vaccine in 2009-2012 (either mist or shot)?		
2. Has your child received a seasonal flu vaccination before (either mist or shot)?		
3. Was last year the child's first year to receive seasonal flu vaccination?		
4. Did you child receive 2 doses of seasonal flu vaccine last year?		

For statistical purposes only; please indicate the type of insurance that your child has:
 Private / Medicaid or Medicare / None / Other: _____

I have read or had explained to me the vaccine information statement for the Seasonal Live, Intranasal Influenza Vaccine. I understand that, depending on the answers to the questions listed above, my child may not be eligible to receive the Live, Intranasal Influenza Vaccine.

I GIVE MY PERMISSION FOR MY CHILD, WHOSE NAME IS LISTED ABOVE, TO RECEIVE THE SEASONAL INFLUENZA (FLU) VACCINE.

Parent/Legal Guardian SIGN: _____ Date: _____

If you DO NOT want an Influenza Vaccination given to your child, DO NOT return this consent form to the school.

FOR CLINIC USE ONLY

Type of Vaccine to Give: Intranasal

Number of Doses Needed: One(1) Two (2)

Date:	Dose:	Vaccine / Mfg:	Lot # / Exp. Date	Administered By:	Route / Site
	#1	FluMist			Intranasal
		MedImmune			R & L nares
	#2				

Additional Notes:	Health Department Use Only Barcode Label Here