

Consent Form for H1N1 Nasal Spray Vaccine

I would like my child (name) \_\_\_\_\_ to receive the H1N1 nasal spray vaccine at his/her school clinic. I have read the Vaccine Information Statement for the H1N1 nasal spray vaccine on the Lenawee County Health Department's website or at the school and understand the risks and benefits.

Parent's name \_\_\_\_\_

Parent's signature \_\_\_\_\_

School \_\_\_\_\_

Date: \_\_\_\_\_

If the nasal spray vaccine is not available or appropriate for my child, I would like my child to receive the H1N1 injection (shot) instead.

Yes       No

**\*\*Please note: This consent form must also accompany:**

- The Flu Vaccine Consent Form & the
- H1N1 Scan Form

Both documents were previously provided through the schools and are also available on the Health Department's website: [www.lenawee.mi.us/health\\_department](http://www.lenawee.mi.us/health_department).