



## **PERMISSION FOR H1N1 INFLUENZA VACCINATION**

:

I have read, or have had explained to me, the information regarding H1N1 Influenza. I give permission for my child to receive the one or two injections (as per medical director's orders) for best protection to immunize him/her against the H1N1 Influenza. I consent to the administration of this vaccine (H1N1 Flu vaccine) should it become available.

Yes

No

**Child's Name:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

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

If this consent form is not signed, dated and returned then your child cannot be vaccinated at Springbrook.