



10/13/2009

Dear Parent/Guardian,

Flu season is here and we would like to help you protect your family from the flu. Miami Children's Hospital (MCH) is offering both the Flu-Mist vaccine and the H1N1 vaccine (when available) for your child, and will even administer it while your child is at school! There is a \$10 administration fee for each vaccine which will be collected at the same time as the completed consent form.

Flu-Mist is a needle free seasonal flu vaccine. It is a gentle nasal mist delivered by a quick spray into each nostril! Flu Mist is a live, weakened influenza virus vaccine for children 2 to 18 years of age. We are expecting this vaccine any day now, and we will be administering it first. We will also have the injectable flu vaccine for those students who are unable to get the inhaled version of the vaccine.

The H1N1 vaccine is expected to be available sometime in late October and may require 2 doses. As soon as this vaccine is available to us, we will make the Vaccine Information Statement (VIS) available to you, and upon your approval, we will begin to vaccinate your child.

There is a limited quantity of these vaccines, and they will be given on a first come, first serve basis. If you would like your child to participate, please complete and sign the back of this form as well as the MCH consent form and return it to the school's Health Suite with either cash or a money order for the administration fee.

If you have any questions or concerns, please call 305-XXX-XXXX to speak with the nurse.

Thank you and have a healthy flu season!

****YOUR NAME****

Pediatric Nurse Practitioner or RN Supervisor
Miami Children's Hospital
Health Connect in our Schools
2009-2010 Influenza Immunization Consent
Form



Name of the School

Patient Name _____ DOB _____

Parent Contact phone number (s) _____

I _____
(Parent/Guardian)

authorize/decline to receive a vaccination against influenza. I have read the information
circle one
provided (FLU VIS). I understand the risks and benefits of this vaccine. I have had an opportunity to ask questions about possible side effects which have been answered to my satisfaction. By signing this consent I **authorize/decline** my son/daughter to receive this vaccine.
circle one

Dated on this ____ day of _____ 20_____.

Signature (Parent/Guardian)

Signature Witness

**Please answer the following questions in regards to the patient receiving the vaccine today.
A nurse or physician will review any "Yes" answers.**

Have you ever had an allergic reaction to a Influenza Shot before?	Yes	No
Are you allergic to eggs or egg products?	Yes	No
Are you ill or have a fever today?	Yes	No
Have you suffered from Guillain-Barre Syndrome?	Yes	No

For Office Use Only

▶ 0.2cc Flu-Mist Influenza Vaccine was administered on ____/____/20_____.

Name & title of the Vaccine Administrator _____

Vaccine Manufacturer _____ Lot # _____

Exp Date _____ VIS _____

OR

▶ 0.5cc IM Influenza Vaccine was administered on ____/____/20_____.

Name and title of the Vaccine Administrator _____

Vaccine Manufacturer _____ Lot # _____

Exp Date _____ VIS _____

Injection Site _____