DEAR PARENTS:
The Weber-Morgan Health Department is pleased to sponsor an **H1N1 (Swine Flu)** immunization clinic at your child's school. **Please read the entire information on this form.**

* **This is a FREE vaccination and participation is voluntary.**
* **Please read the information sheet included with this form.**
* **Please fill out and sign the consent form below (One form for each student-Please Print Legibly!)**
* **Send consent form on the scheduled immunization date.**
* **Children under the age of 10 need a second H1N1 vaccination. A second clinic will be held at elementary schools in approximately 30 days to give second doses.**
* **The general public is welcome at this clinic. There are no age or health restrictions.**
* **Additional forms will be available at each clinic or can be found on our web site at www.webermorganhealth.org**
* **Please see our web site for a list of school clinic sites in Weber and Morgan Counties.**
* **H1N1 Flu Mist will not be offered at these clinics, but is available at the health department. Please see our web site for more information.**

IMMUNIZATION SIGNATURE CONSENT FORM

Legal Name: _____ Sex: (M) (F)
Last First Middle
Birth Date: _____ (Please double check this date) Age:_____ Race: _____.

Address: _____ Telephone: _____.
Street City Zip

Consent is hereby given to the Weber-Morgan Health Department to provide an H1N1 immunization for the client named above. The undersigned signs this document either as a client or as the representative (i.e. parent) of the client. I have read the "H1N1 Important Information Sheet" and the "Notice of Privacy Practices" information and have had the opportunity to ask any questions I may have. I understand that I am entitled to request a copy of "Notice of Privacy Practice." A copy may be found at www.webermorganhealth.org. For additional information, call 801-399-7252

Please answer the following questions **(required)**:

No ____ Yes ____ Is your child ill today with anything more severe than a cold?

No ____ Yes ____ Has your child ever had a serious reaction to a previous immunization?

If yes, please explain _____

No ____ Yes ____ Is your child allergic to any foods or medicines?

If yes, please explain _____.

Parent/Guardian Signature: _____.

Nurse's Signature: _____ Injection Site: Left Deltoid _____ Right Deltoid _____.

Manufacturer: Sanofi Pasteur Lot # _____ Date: _____ Dose (1) (2)