



LaPorte County Health Department

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Government Complex
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LaPorte, Indiana 46350-3385

Charles Janovsky, M.D., Health Officer
Paul E. Trost, Administrator

H1N1 NOVEL INFLUENZA VACCINATION CONSENT FORM for Children

Information about person to receive vaccine:

Name: _____

Date of Birth: _____ Age: _____ Sex: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Telephone: _____

Please Check One:

"I do NOT want my child to receive H1N1 vaccine" "I do want my child to receive H1N1 vaccine"

Is your child allergic to eggs?	_____ yes	_____ no
Other severe allergies? To what...	_____	
Does your child have a history of Guillian/Barre?	_____ yes	_____ no
Has your child ever had a serious reaction to flu vaccine?	_____ yes	_____ no

I have read, or had explained to me, the information sheet about influenza vaccination. I have had a chance to ask questions which were answered to my satisfaction and I understand the benefits and risks of the vaccination as described. I request that the influenza vaccination be given to me (or the person named above for whom I am authorized to make this request). I understand that all information regarding individuals under the age of 18 will automatically be entered into the Children Hoosiers Immunization Registry Program (CHIRPS). The undersigned agrees to hold harmless the LaPorte County Health Department, including its officers, directors, administrators, employees, and agents, from any and all claims, actions, and/or damages related to or arising out of the influenza vaccination administered pursuant to my consent.

Signature of person to receive vaccine or person authorized to make the request (parent or guardian):

X: _____ Date: _____

FOR CLINIC/OFFICE USE

Clinic/Office Address:	LaPorte County Health Department	
Date Vaccine Administered:	_____	
Vaccine Manufacturer:	_____	
Vaccine Lot Number:	_____	
Site of Injection:	Left Arm	Right Arm
Signature and Title of Vaccine	_____	
Administrator:	_____	