



Charlie Crist  
Governor

Ana M. Viamonte Ros, M.D., M.P.H.  
State Surgeon General

October 2009

Dear Parents/Guardians of Middle and High School Students:

The Centers for Disease Control and Prevention (CDC) states that children and young adults aged 6 months through 24 years are one of the groups most at risk for 2009 H1N1 (Swine) flu and recommends they receive the H1N1 flu vaccine as soon as it is available.

Sarasota County Health Department is working with the School District to give the 2009 H1N1 influenza vaccine to students in high schools and middle schools at in-school clinics this fall. The vaccine is free, and there will be no cost to you for vaccinations received at school sites.

Included with this letter are the 2009 H1N1 Vaccine Information Statement, and the parental consent form. Please:

- Read the Vaccine Information Statement
- Complete, sign and date the consent form
- Return the consent form in the postage-paid envelope now

No student under age 18 will be vaccinated without a signed parental permission slip.

In order for your student to receive the vaccine, it is important to return the consent form now. Flu vaccination clinics will be set up as soon as the vaccine arrives. You will be advised of the date for your student's school via a Connect Ed telephone message. Be sure your student's school has your current telephone numbers so you will receive that message.

If you have any questions about the vaccine or the vaccination clinics, please contact the School Health Office at 927-9000 x32101.

Sincerely,

A handwritten signature in cursive script, reading "William C. Heymann".

William Heymann, MD, FACEP  
Medical Executive Director

PS. The H1N1 vaccine will not protect your student against seasonal flu. Seasonal flu shots are available from your health care provider or at no cost at one of the Health Department's clinics. Additional information about seasonal flu and H1N1 can be found at these websites: <http://www.cdc.gov/flu/>, and <http://www.cdc.gov/h1n1flu/> or [www.sarasotahealth.org](http://www.sarasotahealth.org).



## Novel H1N1 Vaccine Consent Form

To be used only for parental/guardian consent when consenting adult is not present with the child

**Instructions:** Return this completed form in the envelope provided ASAP.

**Information about person to receive vaccine (please print)**

**Student Name:**

Last

First

MI

**Student DOB:**

**Sex:**

**Race:**

**Allergies:**

Eggs? Yes ☐ No ☐

**Other:**

**Address:**

Street

City

County

State

Zip

**Telephone#:**

**Cell #:**

**School Name:**

**Grade:**

I have received, read, and understand the **Novel H1N1 Vaccine Information Statement (VIS)**.

I have had a chance to ask questions and discuss my concerns with a healthcare professional.

I, \_\_\_\_\_, (please print name of consenting adult), have the following relationship with the child named above (please check relationship to child).

☐ Court Order

☐ Legal Guardian

☐ Father

☐ Mother

☐ Adult Aunt

☐ Adult Brother

☐ Adult Sister

☐ Adult Uncle

☐ Grandfather

☐ Grandmother

☐ Stepmother

☐ Stepfather

I have the legal authority, based on the relationship to the child as indicated above pursuant to s. 743.0645, F.S., to consent to this vaccine administration for the child named above. I give permission for my child to receive the Novel H1N1 vaccine in my absence.

Print Name

Signature

Date

☐ No thank you, my child will be getting vaccine from our health care provider.

☐ No thank you, I do not want my child receiving the H1N1 vaccine at any time.

**For Office Use Only**

Date of Vaccination

Vaccine Type

Lot Number

Administered By

Title