

**RIVERVIEW SCHOOL HEALTH CARE CENTER**

**SEASONAL INFLUENZA VACCINE CONSENT FORM**

2009

\_\_\_\_\_  
Print Name of Student

I have read and understand the information on the influenza vaccine and have had the opportunity to ask questions. I fully understand the benefits and risks of vaccination as described. I request that the vaccine be given to me or to the person named above for whom I am authorized to sign.

I have  have not  had the influenza vaccine in the past.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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Site of injection: \_\_\_\_\_

Lot #: \_\_\_\_\_

\_\_\_\_\_  
Administered by

# RIVERVIEW SCHOOL HEALTH CARE CENTER

## H1N1 SERIES VACCINE CONSENT FORM

2009

\_\_\_\_\_  
Print Name of Student

I have read and understand the information on the H1N1 influenza vaccine and have had the opportunity to ask questions. I fully understand the benefits and risks of vaccination as described. I request that the vaccine be given to me or to the person named above for whom I am authorized to sign.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Site of injection:

\_\_\_\_\_  
Lot #:

\_\_\_\_\_  
Administered by