

Consent Form for *Pandemic Influenza Vaccine (H1N1), 2010*

Dear Parents,

The Supreme Council of Health in coordination with Supreme Council of Education is launching an immunization campaign against pandemic influenza A (H1N1) 2010 targeting all students at schools, kindergartens and nurseries aged 6 months to 18 years. The vaccine is highly effective and may give up to 100% protection.

The campaign will start during January 2010 at all schools and one injection will be needed to induce the necessary immunity.

Contraindications to Pandemic Influenza (H1N1) vaccination:

- History of severe allergy to any ingredient contained in the vaccine like chicken eggs and chicken protein.
- Children with concurrent infection with fever (over 38° C) better have the vaccine delayed until the fever resolves. Minor infection such as common cold and cough not associated with fever is not a contraindication.
- Please note that previous seasonal flu immunization or previous use of Tamiflu is not a contraindication to getting the vaccine.

Side effects of Pandemic Influenza (H1N1) vaccination:

Pandemic Influenza (H1N1) vaccine may cause mild side effects such as pain and redness at the site of the injection, low grade fever and body aches that usually resolve within 1-3 days and don't require specific treatment. Otherwise the vaccine is very safe.

The Supreme Council of Health urges all parents to make use of this opportunity to protect their child against infection with pandemic H1N1 influenza and its complications. We would like to extend our gratitude and appreciation for your cooperation with us to protect our community.

Please return the consent form as soon as possible.

Accept:

Do NOT accept:

If you do not accept what is your reason?

Child FULL NAME (printed): _____

Parent FULL NAME (printed): _____

Child GRADE LEVEL: _____ Child HOMEROOM/SWAT TEACHER: _____

Signature of parent: _____

Date: ____/____/____ Mobile: _____