



Bureau of Immunization

Novel H1N1 Vaccine Consent Form

To be used only for parental/guardian consent when consenting adult is not present with the child (e.g., school-based immunization clinics)

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 give permission to (Organization Name) [DJJ or County Health Dept.] to give my child the Novel H1N1 vaccine in my absence.

Information about child to receive vaccine (Please Print)

Name: Doe John M.
Last First MI

Student ID: DJJ ID: 010203 **SSN:** _____

DOB: January 1, 1995 **Gender:** Male **Race:** Caucasian
(M or F)

Address: 010203 Main Street Tallahassee
Street City
 Leon Florida 32399
County State Zip

Telephone #: (850) 001-0002 **Cell #:** _____

School Name: DJJ Facility Name: Suwannee Juvenile Residential Facility

Grade: _____

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

- Mother
- Adult Brother
- Grandmother
- Father
- Adult Sister
- Stepmother
- Guardian
- Adult Uncle
- Stepfather
- Adult Aunt
- Grandfather

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.

Print Name

Signature

Date

For Office Use Only

Date of Vaccination	Vaccine Type	Lot Number
Administered By	Title	