



Alachua County Health Department  
2009-2010 Community Vaccination Initiative

Dear Parent/Guardian of: \_\_\_\_\_

Children 5-8 who have never had FluMist or a flu vaccine in the past will need a 2<sup>nd</sup> dose of vaccine. Based on the history you provided your child will need a second dose of FluMist.

**CONSENT FORM FOR THE SECOND DOSE MUST BE RETURNED TO YOUR CHILD'S SCHOOL BY  
OCTOBER 19, 2009**

It's important that you fill out the consent form *completely*. Otherwise, your child cannot receive the 2<sup>nd</sup> dose of FluMist

Like any vaccine, FluMist does not protect 100% of the individuals who receive it. In studies of people between the ages 2-49, the most common side effects included runny nose or nasal congestion, sore throat, and fever. Please see attached Influenza Vaccine Information Sheet for additional information

For more information, contact the  
Alachua County Health Department at 334-7950.

PARENT/GUARDIAN: Please complete the FluMist Consent

**2<sup>ND</sup> DOSE - PLEASE COMPLETE THE INFORMATION BELOW (PRINT PLEASE) AND RETURN THIS FORM TO THE SCHOOL**

Name of Child's School: \_\_\_\_\_ Homeroom Teacher: \_\_\_\_\_

Name of Child: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_ Sex: \_\_\_\_ Race: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Emergency Contact Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Guardian, if under 18: Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Pediatrician /Health Care Provider: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**2009-2010 FLU VACCINATION CONSENT FORM for the second dose of FluMist**

Your child has received the first **FluMist** vaccine at school during this school year. It has been determined based on the information you sent us that the child needs a second dose. I have been given a copy of the 2009-2010 Vaccination Information Sheet for FluMist. I have read this document and I understand the risk and benefits of the live intranasal flu vaccine. I request that the 2<sup>nd</sup> dose of vaccine be given to my child. I understand that if my child receives the vaccine at the clinic held at his/her school by the school nurse or Alachua County Health Department staff, the Alachua County Public Schools, private schools and the Alachua County Health Department and their employees are not liable for any adverse reactions that may occur from receiving the vaccine

**Precautions and Contraindications: Please Circle Yes or No for each answer**

1	Has your child received a "FLU" vaccination before (either a Flu shot or FluMist)	Yes	No
2	Is your child allergic to eggs, gentamycin, gelatin or arginine or flu vaccine?	Yes	No
3	Has a doctor ever told you your child has an immune system disorder?	Yes	No
4	Does your child have AIDS, HIV or cancer or has your child received an organ transplant?	Yes	No
5	Does your child have a history of asthma or reactive airway disease?	Yes	No
6	Does your child have a history of any disease of the lungs, including cystic fibrosis?	Yes	No
7	Did your child ever have Guillian-Barre syndrome?	Yes	No
8	Does your child have Kidney disease?	Yes	No
10	Is your child pregnant or nursing?	Yes	No
11	Does your child have heart disease?	Yes	No
12	Does your child have a blood disease like sickle cell disease or thalassemia?	Yes	No
13	Does your child currently have a respiratory illness or fever?	Yes	No
14	Has your child received any vaccines within the last month or does your child plan to receive any vaccine within the next month?	Yes	No
15	Is your child currently receiving aspirin -containing therapy?	Yes	No
16	Is your child taking any prescription medicine to prevent or treat flu	Yes	No
17	Does your child have diabetes or other metabolic disease?	Yes	No
18	Does anyone living with your child have a compromised immune system?	Yes	No
19	Is your child in close contact with severely immune compromised individuals requiring a protective equipment environment (such as bone marrow transplant recipients)?	Yes	No

\_\_\_\_\_  
Printed Name of Parent/ Guardian

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

\_\_\_\_\_  
Date