



**Southern Peaks Regional Treatment Center**

**INFLUENZA (FLU) VACCINE CONSENT FORM**

Influenza (“the flu”) is a contagious virus that spreads from person to person through coughing or sneezing. The influenza vaccine is recommended for certain groups of people – one of these groups is people who live in dormitories or other crowded conditions, to prevent outbreaks.

The vaccine is administered by injection or nasal spray. Ideally, vaccines are administered in October or November as peak flu season is November through May.

Please read the material prior to signing this consent form. *If you do not want your child vaccinated, please complete **only** the bottom portion of the form.*

**SWINE FLU (H1N1) VACCINE CONSENT FORM**

**H1N1 (“swine flu”)** is a contagious virus that spreads from person to person through coughing or sneezing. The H1N1 vaccine is recommended for children ages 6 months to 24 years of age – one of these groups is people who live in dormitories or other crowded conditions, to prevent outbreaks.

The vaccine is administered by injection or nasal spray. Ideally, vaccines are administered in October or November as peak flu season is November through May.

Please read the material prior to signing this consent form. *If you do not want your child vaccinated, please complete **only** the bottom portion of the form.*

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I hereby **GIVE** my consent for Southern Peaks Regional Treatment Center to administer the Influenza vaccine to my child, \_\_\_\_\_. I understand that with all vaccines there are possible risks and/or side effects. By signing this consent, I release Southern Peaks Regional Treatment Center from any legal responsibility or liability regarding the administration of this vaccine. This consent is valid for the duration of my child’s stay at Southern Peaks Regional Treatment Center.

Parent/Legal Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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I **DO NOT** want my child, \_\_\_\_\_, to receive the Influenza vaccine at this time.

Parent/Legal Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_