



Dear Parents or Guardian,

H1N1 influenza (“swine flu”) has spread all across the United States. We have seen that younger people are more likely to become sick and to have serious problems from H1N1 flu infection compared to older people. The Southern Nevada Health District (SNHD) would like to prevent this illness from spreading in our community.

The best way to protect children from H1N1(swine flu) is through vaccination. To make the vaccine available quickly to as many people as possible, the Southern Nevada Health District is partnering with your school to offer a vaccination clinic. We will schedule a clinic at your school on Thursday, January 14th.

- Vaccination will be voluntary. **NO child will receive the H1N1 flu vaccine if we do not have a signed consent form from the parent or guardian.**
- There is **NO COST** for your child to receive the H1N1 flu vaccine at school.
- Vaccine may be given in 2 forms, either a shot (injection) or nasal spray (mist into the nose).
- **A child who has any medical condition does not qualify for the mist** but can receive the shot.
- One dose of vaccine is recommended for children age 10 and older.
- If a child does not cooperate with the vaccination, he or she will not be forced. A note to parent will be provided regarding this.
- Unfortunately, we are **not** able to provide the vaccination for family members at this location.

If you wish your child to have the 2009 H1N1 flu vaccine at school, you must fill out and sign the Vaccination Administration Record. You must also sign this letter and let us know if your child has a medical condition and cannot receive one of the vaccines. Return this letter and the Vaccination Administration Record to your school nurse no later than Tuesday, January 12th. If this is your child’s second H1N1 vaccination, please send a copy of your record to the school so we can make sure the timing is correct for the second dose. For more information, you can contact your school nurse or you can contact Southern Nevada Health District at 702-759-0848 or 759-0849.

*We may not have both vaccines available. We will be using the vaccine most appropriate for your child if both are available.

Please indicate if your child cannot receive one of the vaccines below for medical reasons.

_____ H1N1 Flu mist (only for healthy children with no medical problems)

_____ H1N1 Flu Shot

I give my permission for _____(child’s name) Grade:_____to receive the H1N1 vaccine.

Parent or guardian’s signature _____