

**TEHAMA COUNTY  
FREE H1N1 FLU CLINIC  
FOR RED BLUFF HIGH SCHOOL  
December 11<sup>th</sup>, 2009 – 12:30 pm – 5:30 pm**

***Parents must be present or child must have a signed permission slip to receive the vaccine.***

For more information, call Tehama County Public Health 527-6824  
or 1-800-655-6854 or visit these web sites:  
www.tehamacohealthservices.net/ or www.tehamaschools.org/

**H1N1 PERMISSION SLIP**

**I give permission for my child to receive H1N1 Influenza Vaccine.**

AGENCY NAME: Tehama County Health Services Agency – Public Health Division

DATE: \_\_\_\_\_ CHILD'S NAME: \_\_\_\_\_

AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

(Home)

(Cell)

Vaccine Preference (if available)  Flu Mist  Flu Shot Allergic to eggs  Y  N

PARENT'S SIGNATURE: \_\_\_\_\_

(Printed)

(Signature)

VIS FORM GIVEN: Y

VACCINE GIVEN: Y N

NURSE'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_