



October 28, 2009

Dear Parent/Guardian:

The West Hartford Public Schools and the West Hartford-Bloomfield Health District are working together to assess the need for hosting on-site (school-based) flu vaccine clinics for the 2009-H1N1 (Swine) Flu vaccine once it is available in sufficient quantity. The Centers for Disease Control and Prevention has recommended that children and young adults aged 6 months through 24 years be vaccinated against 2009 H1N1 (Swine) Flu. The West Hartford-Bloomfield Health District and many local health providers are participating with the Connecticut Department of Public Health to administer the 2009 H1N1 (Swine) Flu vaccine free of charge.

The West Hartford Public Schools and the West Hartford-Bloomfield Health District will make the vaccine available to enrolled students interested in participating. The West Hartford-Bloomfield Health District will order the 2009 H1N1 (Swine) Flu vaccine for clinics at local schools for children. The information you provide on this pre-registration form will assist in the determination of the amount of vaccine to be ordered.

We anticipate scheduling vaccination clinics after school hours at designated school sites. Parents of students in grades Pre-K through grade 8 **must** accompany their child in order to receive the vaccine. Students in grades 9-12 who have written permission from their parent will be able to receive the vaccine without a parent present.

Please complete the lower part of this letter and mark the selection for your child. **Please return this form to your school office by Thursday, November 5.** Completing this form does not obligate you to have your child vaccinated. However, when a clinic is offered for your school, you will receive additional information and a consent form at that time. Information about the 2009 H1N1 (Swine) Flu and the vaccine are available on line at www.ct.gov/ctfluwatch/ or www.whps.org

Thank you for your assistance. (Please **print** below, other than signature line.)

Student's Name _____ Home Mailing Address _____

Date of Birth _____ Grade _____ School _____

Immunization Registration Form—I **DO** want my child to receive the Novel H1N1 vaccine at a school-based vaccination clinic. I realize a consent form will be sent home when vaccine becomes available and a date has been determined.

Immunization by Private Physician—I will take my child to his/her private physician for vaccination for the Novel H1N1 flu vaccine.

Immunization Refusal—I **DO NOT** want my child to receive the Novel H1N1 Flu vaccine. I have received the information on the H1N1 flu fact sheet but do not wish my child to receive it at this time.

Print parent or legal guardian's name

X _____
Signature of parent or legal guardian

Date