

**Parental Consent and Liability Release**

I, as parent or legal guardian authorized to act on behalf of \_\_\_\_\_  
\_\_\_\_\_ (name of child), do hereby provide my permission  
and consent for the named child to receive the H1N1 flu vaccination from the  
Tulsa City-County Health Department while at school.

I understand that the vaccine is not being provided by Tulsa Public Schools and  
that Tulsa Public Schools is not responsible for the vaccine.

I also understand that, according to the federally approved vaccination protocol  
for the H1N1 virus, if my child is nine years old or younger, he/she must receive  
a second vaccination during the current flu season in order to be fully vaccinated  
against the H1N1 virus during the current flu season. At present, however, the  
Health Department does not plan on providing the second vaccination at my  
child's school. Consequently, if my child is nine years old or younger, I am  
responsible for ensuring that he/she receives the second vaccination during the  
current flu season and that I will need to do this at the Health Department's  
physical offices or at another vaccination site no earlier than 28 days from the  
administration of the first vaccination. In the event that Tulsa Public Schools  
receives its own supply of the vaccine and becomes able to provide the second  
dose of the vaccine at my child's schools, parents will be notified of that  
opportunity.

I hereby release the Tulsa Public Schools from any and all liability in connection  
with the child's participation in the H1N1 vaccination program. I acknowledge  
and affirm that I have carefully read this Parental Consent and Liability Release  
and have obtained a satisfactory explanation of any part that I did not  
understand.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to child

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