



Ritenour School District

H1N1 Flu Vaccine Request Form

The Ritenour School District is partnering with the St. Louis County Department of Health to help our students remain healthy during the return of the H1N1 virus. As part of a comprehensive effort to limit the spread of the H1N1 virus, school-based immunization clinics will be held in each Ritenour school. The immunization clinics are free of charge and available on a voluntary basis to Ritenour School District students in grades K-12. It is our hope all students remain healthy and safe against the virus by being immunized. We encourage families to take advantage of this free and convenient opportunity to help fight the spread of the H1N1 virus.

In planning for the immunization clinics, St. Louis County Department of Health has asked school districts to provide an estimated number of vaccines needed for each school clinic. Please return the form below to your child's school by Oct. 1. Your response will help assure Ritenour students have a vaccine available to them at your school's future clinic. **This form is only to request vaccines, an additional permission form will be sent later.**

Please be sure to check the special Flu Information and Resources link on the Ritenour Website for helpful information regarding Ritenour's efforts to ensure the health and safety of our students.

Ritenour Flu Information and Resources

www.ritenour.k12.mo.us/flu/flu.htm

While we encourage you to take advantage of this free opportunity for the H1N1 vaccine, we must remind you being vaccinated for the H1N1 virus will not guard an individual against the normal seasonal flu. We encourage you to speak to your healthcare provider for more information regarding seasonal flu prevention or call the information line at:

St. Louis County Department of Health Flu Information Line—314-644-4FLU (314-644-4358)

When you call the information line, seasonal flu clinics within close proximity of your phone number or zip code are listed.

Ritenour H1N1 Vaccine Request Form

PLEASE RETURN THIS FORM TO YOUR CHILD'S SCHOOL BY OCT. 1, 2009

- Yes.** I plan to have my child immunized for the H1N1 flu at the school-based clinic.
Please request a vaccine for my child. **(An additional permission form will be sent later.)**
- No.** I do not wish to have my child vaccinated for the H1N1 flu at the school-based clinic.

Date _____ School Name _____

Student Name _____ Age _____

Parent Name _____