

**INFLUENZA A(H1N1)
VACCINATION FOR SCHOOL CHILDREN**

CHILD'S IDENTIFICATION

PLEASE PRINT IN CAPITAL LETTERS

LAST NAME

FIRST NAME

M F
GENDER

____/____/____
YEAR MONTH DAY
DATE OF BIRTH

HEALTH INSURANCE NUMBER

____/____
YEAR MONTH
EXPIRATION DATE

ADDRESS

POSTAL CODE

FATHER'S NAME

()

()

PHONE - HOME

PHONE - WORK

MOTHER'S NAME

()

()

PHONE - HOME

PHONE - WORK

TUTOR'S NAME (IF APPLICABLE)

()

()

PHONE - HOME

PHONE - WORK

SCHOOL ATTENDED BY THE CHILD

NAME OF SCHOOL :
