

| Child's Name:Parent's Name:   |  |
|---|--|
| Influenza Information Notificat   | ion Form   |
| PUBLIC CHAPTER 687 requires the Department Services and the Department of Health to work educate parents of children in child care agent importance of immunizing their children again Department of Human Services works with chensure that this information is distributed ann August or September. | k together to<br>cies regarding the<br>st influenza. The<br>ild care agencies to |
| I/We acknowledge that we have received importance of immunizing children against inf  |  |
| Signature of Parent or Legal Guardian   | Date   |
| Signature of Parent or Legal Guardian   | Date   |

Date

**Signature of Agency Representative**