



Vaccination registration form 2010

I would like to register my child for the ISP H1N1 vaccination session which will take place on **January 22nd at 13:00, at Gymnase Henry de Montherlant, 30-32, Boulevard Lannes, 75016 Paris. Métro: Porte Dauphine (ligne 2).**

The School Nurse, Bénédicte Wetzel, will be present at the center to assist ISP families. **Please note that the parents are responsible for the transportation of their child to and from the center.**

Student Information

Last name: _____

First name: _____

Grade: _____ Date of Birth: _____

Parent/Guardian Information

Name: _____

Telephone: _____

Email: _____

Signature: _____

- **At least one parent/legal guardian must be present to accompany the child.**
- **Please bring identification for both the parent and the child.**
- **You will be asked to fill out *the fiche medicale individuelle* and the *formulaire de consentement*.**

Please return this form to school (one form per student), no later than January 15th 2010. The forms can be returned to the class teachers in the Primary School, or to Hilda Tormos at 6 rue Beethoven reception in the Secondary School. We will not be able to take any registrations after this date.

