



Dear Parent or Guardian of \_\_\_\_\_

Your child is due for the vaccines indicated below. A signed consent form is required prior to the administration of these vaccines. Please review the following instructions carefully.

1. Read the attached Vaccine Information Statement(s).
2. Complete the information on the form, answering the questions as indicated, and sign the back of this form in the parent/guardian information section.
3. Return this form to the BRHS Clinic even if your child will not receive the vaccine(s).

\*For any questions call \_\_\_\_\_ at \_\_\_\_\_.

**Vaccines Due:**

Seasonal Influenza	Hepatitis A
Tdap (tetanus, diphtheria, pertussis)	Hepatitis B
HPV9 (human papilloma virus)	MMR (measles, mumps, rubella)
MCV4 (meningococcal)	Varicella (chicken pox)
Other _____	

**Student Information:**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

**Parent/guardian information:**

Parent First Name \_\_\_\_\_ Parent Last Name \_\_\_\_\_ Phone # \_\_\_\_\_

Yes, I give my permission for my child to receive the vaccines listed above. I have read the Vaccine Information Statement(s) and understand this consent will be valid for the dose recommended for the child's age and immunization history.

No, I decline permission for my child to receive the vaccines listed above.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please answer the following questions about your child:**

**Yes No**

Has your child ever had a serious reaction to a vaccine?

If yes, please explain: \_\_\_\_\_

Does your child have any allergies?

If yes, please list: \_\_\_\_\_

Has your child ever had Guillain-Barré Syndrome (a type of temporary severe muscle weakness)?

Has your child had a seizure or been diagnosed with a brain or nervous system problem?

Does your child have cancer, leukemia, HIV/AIDS, or any other immune system problem?

During the past 3 months, has the client had steroid medication or treatment for cancer?

During the past year, has your child received blood products, immune globulin, or antiviral medication?

Has your child received any other vaccinations in the past 4 weeks?

Is your child pregnant, or is there a chance she could become pregnant in the next 4 weeks?

Is the child sick today?    Yes    No

Date vaccine administered: \_\_\_\_\_ Vaccinator's signature: \_\_\_\_\_

Injection Site:    RDI    LDI    RAS    LAS

VIS date: \_\_\_\_\_ Manufacturer/Lot#: \_\_\_\_\_

Unable to vaccinate this child for the following reason:

Refused to receive vaccine	Did not come to vaccination site
Consent form not properly completed	Precaution/Contraindication exists