



CONSENT FOR IMMUNIZATION

IMPORTANT: The person giving consent should read the immunization information provided before completing this form.

Student First Name: _____ Last Name: _____

Home address: _____

City: _____ State: _____ Zip code: _____

Country: _____

Phone: _____ Date of Birth: ___/___/_____

Information has been given to me about immunization including the risk of the vaccination and the risk of not being vaccinated. I have been given the opportunity to discuss the risks and benefits with my doctor/nurse.

I have read and understand this information.

I request to be given/ I request that my child/ be immunized with the vaccines as listed below.

Vaccines to be administered:

1. _____
2. _____
3. _____
4. _____

Comments: _____

Name of Vaccinee/Parent/Guardian (please print) _____

Signature: _____ Date ___/___/_____

Name of immunization provider: _____