

**VISITING NURSE ASSOCIATION OF GREATER ST. LOUIS (VNA)**  
**CONSENT TO TREAT/ ASSIGNMENT/ RELEASE**

**FOR CLINICAL USE ONLY**

Patients Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Medical Questions:

*Is patient pregnant?*      Yes or No

*Is child running a fever today?*      Yes or No

☐ Tdap      Route IM Body Site RD LD      Dose 1      Lot Given: \_\_\_\_\_  
(GSK-Boostrix)

VNA Nurse Signature \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_

to verify that immunizations are needed

☐ Meningococcal      Route IM Body Site RD LD      Dose 1 2 3      Lot Given: \_\_\_\_\_  
(GSK-Menveo)

VNA Nurse Signature \_\_\_\_\_

Date: \_\_\_\_\_

School Nurse: \_\_\_\_\_

to verify that immunizations are needed