Vaccine Consent Form

COMPLETE BOTH SIDES OF THIS FORM

Name of School Student Attends:				Student's Grade	
Last Name (Please Print)	First Name	MI	Date of Birth	☐ Male	☐Female
Street Address (include Apt # if applicable)	City		State	Zip	
Parent/Guardian – Please PRINT Name	Daytime Phone Number		Cell Phone Number		

Insurance:

☐ Blue Cross Blue Shield#_____

☐ UnitedHealthcare#_____ Group #:_____

☐ Tufts#_____

☐ Neighborhood Health Plan#_____

☐ Cigna#_____

☐ Other

☐ No Insurance

Race: (Check one or more) ☐ White ☐ Asian ☐ Black or African American ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Unknown or Other Race_____

Ethnicity: ☐ Not Hispanic or Latino ☐Hispanic or Latino ☐ Unknown

IMMUNIZATION SCREENING QUESTIONNAIRE

Parent/Guardian: Please circle the answers to the questions below to help us determine which vaccines may be given.

1. Does your child have allergies to medications, food, or any vaccine? Yes No
   If yes, please explain: _____
2. Has your child ever had a serious reaction to a vaccine in the past? Yes No
   If yes, to what vaccine and when? _____
3. Has your child ever had a seizure or brain problem? Yes No
   If yes, please indicate current status: _____
4. Does your child have leukemia, AIDS, or any other immune system condition? Yes No
5. Does your child take cortisone, prednisone, other steroids or anti-cancer drugs, or has he/she had x-ray treatment in the past three months? Yes No
6. Has your child received a blood transfusion, blood products, or been given a medicine called immune (gamma) globulin in the past year? Yes No
7. Has your child received any vaccinations in the past 4 weeks? Yes No
   If yes, which vaccine(s)_____

Student's name:_____ **Student's date of birth:** _____

VACCINATION HISTORY OBTAIN INFORMATION FROM PHYSICIAN	PLEASE SIGN IF VACCINE IS NEEDED
HEPATITIS B (3 shots) _____ _____ _____ Date Vac #1 Date Vac #2 Date Vac #3	**HEPATITIS B:** I have viewed the Vaccine Information Statement at http://www.immunize.org or obtained a hard copy by calling The Health Information Line at 222-5960. I understand that 3 shots are needed for full protection. I hereby release The Wellness Company from any and all liability associated with the administration and potential side effects of the vaccine. **I PERMIT MY CHILD TO BE GIVEN THE HEPATITIS B VACCINE(S)** Signature: _____Date:_____
MMR (2 shots) _____ _____ Date Vac #1 Date Vac #2	**MMR:** I have viewed the Vaccine Information Statement at http://www.immunize.org or obtained a hard copy by calling The Health Information Line at 222-5960. I understand that 2 shots are needed for full protection. I hereby release The Wellness Company from any and all liability associated with the administration and potential side effects of the vaccine. **I PERMIT MY CHILD TO BE GIVEN THE MMR VACCINE(S)** Signature: _____Date:_____
TDAP **Td** _____ _____ Date Vaccine Date Vac #2	**TDAP:** I have viewed the Vaccine Information Statement at http://www.immunize.org or obtained a hard copy by calling The Health Information Line at 222-5960. I hereby release The Wellness Company from any and all liability associated with the administration and potential side effects of the vaccine. **I PERMIT MY CHILD TO BE GIVEN THE TDAP VACCINE** Signature: _____Date:_____
MENINGITIS _____ _____ _____ Date Vac #1 Date Vac #2 Date Vac #3	**MENINGITIS:** I have viewed the Vaccine Information Statement at http://www.immunize.org or obtained a hard copy by calling The Health Information Line at 222-5960. I hereby release The Wellness Company from any and all liability associated with the administration and potential side effects of the vaccine. **I PERMIT MY CHILD TO BE GIVEN THE MENINGITIS VACCINE** Signature: _____Date:_____
CHICKENPOX _____ _____ Date Vac #1 Date Vac #2 _____ Date Had Chickenpox	**CHICKENPOX:** I have viewed the Vaccine Information Statement at http://www.immunize.org or obtained a hard copy by calling The Health Information Line at 222-5960. I understand that 2 shots are needed for full protection. I hereby release The Wellness Company from any and all liability associated with the administration and potential side effects of the vaccine. **I PERMIT MY CHILD TO BE GIVEN THE CHICKENPOX VACCINE(S)** Signature: _____Date:_____
POLIO (3-4 shots) _____ _____ _____ Date Vac #1 Date Vac #2 Date Vac #3 _____ Date Vac #4	**POLIO:** I have viewed the Vaccine Information Statement at http://www.immunize.org or obtained a hard copy by calling The Health Information Line at 222-5960. I understand that 3-4 shots are needed for full protection. I hereby release The Wellness Company from any and all liability associated with the administration and potential side effects of the vaccine. **I PERMIT MY CHILD TO BE GIVEN THE POLIO VACCINE(S)** Signature: _____Date:_____
HPV (3 shots) _____ _____ _____ Date Vac #1 Date Vac #2 Date Vac #3	**HUMAN PAPILLOMAVIRUS VACCINE:** I have viewed the Vaccine Information Statement at http://www.immunize.org or obtained a hard copy by calling The Health Information Line at 222-5960. I understand that 3 shots are needed for full protection. I hereby release The Wellness Company from any and all liability associated with the administration and potential side effects of the vaccine. **I PERMIT MY CHILD TO BE GIVEN THE HPV VACCINE(S)** Signature: _____Date:_____
HEPATITIS A (2 shots) _____ _____ Date Vac #1 Date Vac #2	**HEPATITIS A:** I have viewed the Vaccine Information Statement at http://www.immunize.org or obtained a hard copy by calling The Health Information Line at 222-5960. I understand that 2 shots are needed for full protection. I hereby release The Wellness Company from any and all liability associated with the administration and potential side effects of the vaccine. **I PERMIT MY CHILD TO BE GIVEN THE HEPATITIS A VACCINE(S)** Signature: _____Date:_____

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