

# Vaccinate *before you* Graduate

## Vaccine Consent Form



Complete all sections below to participate in the school vaccination program.

<b>SECTION A: PERSONAL INFORMATION</b>				<b>SCHOOL:</b>			
Last Name			First Name		MI	DOB	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address (include Apt # if applicable)				City		State	Zip
Parent/Guardian – Please PRINT Name					Daytime Phone Number		
<b>SECTION B: VACCINATION HISTORY</b> <b>OBTAIN INFO FROM PHYSICIAN</b>				<b>SECTION C:</b> <b>PLEASE SIGN IF VACCINE IS NEEDED</b>			
<b>HEPATITIS B (3 shots)</b>				<b>HEPATITIS B:</b> I have been provided a copy of the Hepatitis B Vaccine Information Statement and understand the benefits and risks of the vaccine. 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.			
_____ Date Vac #1      Date Vac #2      Date Vac #3				<b>I PERMIT MY CHILD TO BE GIVEN THE HEPATITIS B VACCINE (S)</b> Signature: _____			
<b>MMR (2 shots)</b>				<b>MMR:</b> I have been provided a copy of the Measles-Mumps-Rubella (MMR) Vaccine Information Statement and understand the benefits and risks of the vaccine. I understand that 2 shots are needed for full protection. I hereby release The Wellness Co. from any and all liability associated with the administration and potential side effects of the vaccine.			
_____ Date Vac #1      Date Vac #2				<b>I PERMIT MY CHILD TO BE GIVEN THE MMR VACCINE (S)</b> Signature: _____			
<b>TDAP or Td</b>				<b>TDAP:</b> I have been provided a copy of the Tetanus-Diphtheria-Pertussis (TDAP) Vaccine Information Statement and understand the benefits and risks of the vaccine. I hereby release The Wellness Co. from any and all liability associated with the administration and potential side effects of the vaccine.			
_____ Date Vaccine      Date Vaccine				<b>I PERMIT MY CHILD TO BE GIVEN THE TDAP VACCINE</b> Signature: _____			
<b>MENINGITIS</b>				<b>MENINGITIS:</b> I have been provided a copy of the Meningococcal (Meningitis) Vaccine Information Statement and understand the benefits and risks of the vaccine. I hereby release The Wellness Co. from any and all liability associated with the administration and potential side effects of the vaccine.			
_____ Date Vaccine				<b>I PERMIT MY CHILD TO BE GIVEN THE MENINGITIS VACCINE</b> Signature: _____			
<b>CHICKENPOX (2 SHOTS)</b>				<b>CHICKENPOX:</b> I have been provided a copy of the Varicella (Chickenpox) Vaccine Information Statement and understand the benefits and risks of the vaccine. I understand that 2 shots are needed for full protection. I hereby release The Wellness Co. from any and all liability associated with the administration and potential side effects of the vaccine.			
_____ Date Vac #1      Date Vac #2  _____ Date Had Chickenpox				<b>I PERMIT MY CHILD TO BE GIVEN THE VARICELLA VACCINE (S)</b> Signature: _____			
<b>POLIO (3-4 shots)</b>				<b>POLIO:</b> I have been provided a copy of the Polio Vaccine Information Statement and understand the benefits and risks of the vaccine. I understand that 3-4 shots are needed for full protection. I hereby release The Wellness Co. from any and all liability associated with the administration and potential side effects of the vaccine.			
_____ Date Vac #1      Date Vac #2      Date Vac #3  _____ Date Vac #4				<b>I PERMIT MY CHILD TO BE GIVEN THE POLIO VACCINE (S)</b> Signature: _____			
<b>HPV (3 shots)</b>				<b>Human Papillomavirus Vaccine:</b> I have been provided a copy of the HPV Vaccine Information Statement and understand the benefits and risks of the vaccine. I understand that 3 shots are needed for full protection. I hereby release The Wellness Co. from any and all liability associated with the administration and potential side effects of the vaccine.			
_____ Date Vac #1      Date Vac #2      Date Vac #3				<b>I PERMIT MY CHILD TO BE GIVEN THE HPV VACCINE (S)</b> Signature: _____			
<b>HEPATITIS A (2 shots)</b>				<b>HEPATITIS A:</b> I have been provided a copy of the Hepatitis A Vaccine Information Statement and understand the benefits and risks of the vaccine. 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.			
_____ Date Vac #1      Date Vac #2				<b>I PERMIT MY CHILD TO BE GIVEN THE HEPATITIS A VACCINE (S)</b> Signature: _____			