

# Hancock County School-Based Health Centers

## Sneedville, TN 37869

### Consent for Immunization Administration

Patient: \_\_\_\_\_

Your child is due for the following immunizations (only ones that are checked):

- \_\_\_\_\_ Hepatitis A (a series of two shots to be administered at required intervals)
- \_\_\_\_\_ Hepatitis B (a series of three shots to be administered at required intervals)
- \_\_\_\_\_ TDAP
- \_\_\_\_\_ Pneumococcal
- \_\_\_\_\_ MMR
- \_\_\_\_\_ Varicella
- \_\_\_\_\_ Meningococcal
- \_\_\_\_\_ Human Papillomavirus(a series of 3 shots to be administered at required intervals)
- \_\_\_\_\_ Influenza

We have attached a Vaccine Information Statement for each one your child needs, these are for you to read over and keep. If you would like for us to administer these at the school clinic, please sign below stating you give your consent and that you have received the statements, and send this form back to school with your child. **We may not administer any vaccine without your written consent first.** If you have any questions or concerns, please call the Elementary Clinic at 733-2121 or the Middle/High School Clinic at 733-2819.

I have received the Vaccine Information Statement for each vaccine marked and give my permission for the School Clinic to administer these vaccines.

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date