

Vaccine Consent Form

Name of School Student Attends:			Student's Grade:			
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		Cell Phone Number	

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 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. I PERMIT MY CHILD TO BE GIVEN THE HEPATITIS B VACCINE (S) Signature: _____
MMR (2 shots) ___/___/___ ___/___/___ Date Vac #1 Date Vac #2	MMR: 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. I PERMIT MY CHILD TO BE GIVEN THE MMR VACCINE (S) Signature: _____
TDAP Td ___/___/___ ___/___/___ Date Vaccine Date Vac #2	TDAP: 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. I PERMIT MY CHILD TO BE GIVEN THE TDAP VACCINE Signature: _____
MENINGITIS ___/___/___ ___/___/___ ___/___/___ Date Vac #1 Date Vac #2 Date Vac #3	MENINGITIS: 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. I PERMIT MY CHILD TO BE GIVEN THE MENINGITIS VACCINE Signature: _____
CHICKENPOX ___/___/___ ___/___/___ Date Vac #1 Date Vac #2 ___/___/___ Date Had Chickenpox	CHICKENPOX: 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. I PERMIT MY CHILD TO BE GIVEN THE VARICELLA VACCINE (S) Signature: _____
POLIO (3-4 shots) ___/___/___ ___/___/___ ___/___/___ Date Vac #1 Date Vac #2 Date Vac #3 ___/___/___ Date Vac #4	POLIO: 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. I PERMIT MY CHILD TO BE GIVEN THE POLIO VACCINE (S) Signature: _____
HPV (3 shots) ___/___/___ ___/___/___ ___/___/___ Date Vac #1 Date Vac #2 Date Vac #3	Human Papillomavirus Vaccine: 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. I PERMIT MY CHILD TO BE GIVEN THE HPV VACCINE (S) Signature: _____
HEPATITIS A (2 shots) ___/___/___ ___/___/___ Date Vac #1 Date Vac #2	HEPATITIS A: 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. I PERMIT MY CHILD TO BE GIVEN THE HEPATITIS A VACCINE (S) Signature: _____