

SAMPLE  
**SCHOOL IMMUNIZATION CATCH-UP PROGRAM  
PERMISSION/REFUSAL FORM**

\_\_\_\_\_

Student's Last Name	Student's First Name	Room/Section
---------------------	----------------------	--------------

As the legal parent/guardian for the above student, I have been given the Centers for Disease Control and Prevention Vaccine Information Statement(s) (VIS) (Tdap, Hepatitis B, Varicella, MCV, DTaP, MMR, and Polio). I have read the VIS, have been given a chance to ask questions and my questions were answered satisfactorily. I believe that I understand the risks and benefits of the Tdap, Hepatitis B, Varicella, MCV, DTaP, MMR, and Polio vaccines. I request and voluntarily consent that the vaccine(s) checked below be given and I acknowledge that no guarantees have been made concerning the vaccine's success. I understand the possible side effects and warnings and precautions that should be taken into consideration prior to administration of the vaccine. I understand that I may cancel this permission at a later date by contacting the school.

- \_\_\_\_\_ Alaskan Native
- \_\_\_\_\_ American Indian
- \_\_\_\_\_ Medicaid – Medicaid eligible or enrolled patient
- \_\_\_\_\_ No Insurance – An uninsured patient
- \_\_\_\_\_ Underinsured – Health insurance plan does not cover vaccinations

\_\_\_\_\_ **YES, I give permission for my child to be vaccinated at school:**

Please check:

- \_\_\_\_\_ Tdap
- \_\_\_\_\_ Hepatitis B
- \_\_\_\_\_ Varicella (chickenpox)
- \_\_\_\_\_ MCV
- \_\_\_\_\_ DTaP
- \_\_\_\_\_ MMR
- \_\_\_\_\_ Polio

Please check if your child has had the following condition:

\_\_\_\_\_ **Severe allergic reaction to the vaccine component or following a prior dose.**

\_\_\_\_\_ **Moderate or severe acute illness.**

\_\_\_\_\_ **NO, I do not want my child to receive vaccines at school.**

The reason is: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

STOP

**THIS SECTION FOR CLINIC USE ONLY**

Vaccine	Date given (mo/day/yr)	Site & Dosage		Manufacturer	Lot #	VIS		Vaccinator
						Date on VIS	Date Given	
		LA	RA					
Vaccine	Date given (mo/day/yr)	Site & Dosage		Manufacturer	Lot #	VIS		Vaccinator
		LA	RA					
Vaccine	Date given (mo/day/yr)	Site & Dosage		Manufacturer	Lot #	VIS		Vaccinator
		LA	RA					
Vaccine	Date given (mo/day/yr)	Site & Dosage		Manufacturer	Lot #	VIS		Vaccinator
		LA	RA					
Vaccine	Date given (mo/day/yr)	Site & Dosage		Manufacturer	Lot #	VIS		Vaccinator
		LA	RA					
Vaccine	Date given (mo/day/yr)	Site & Dosage		Manufacturer	Lot #	VIS		Vaccinator
		LA	RA					
Vaccine	Date given (mo/day/yr)	Site & Dosage		Manufacturer	Lot #	VIS		Vaccinator
		LA	RA					