

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 and MCV). 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 and MCV 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
						Date on VIS	Date Given	
		LA	RA					
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
						Date on VIS	Date Given	
		LA	RA					

Abbreviations:

1. LA – left arm
2. RA – Right arm
3. IM – Intramuscular
4. SC – Subcutaneous

Trade Name & Manufacturer	Abbreviation
Energix-B (GSK)	HepB
Recombivax HB (Merck)	HepB
Adacel (Sanofi Pasteur)	Tdap
Boostrix (GSK)	Tdap
Menactra (Sanofi Pasteur)	MCV4
Menveo (Novartis)	MCV4
Varivax (Merck)	VAR