

## 1. STUDENT INFORMATION

Student's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

I Identify As:  M  F  \_\_\_\_\_ Birth Date: (Year/Month/Day) \_\_\_\_\_

Health Card Number: \_\_\_\_\_ Physician/NP Name: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

School: \_\_\_\_\_ Teacher: \_\_\_\_\_

**RETURN TO SCHOOL BY:  
SEPT. 15, 2022**

## 2. STUDENT HEALTH HISTORY (please check boxes)

Does your child have any known allergies? (food, drugs, yeast, latex)  No  Yes

If yes, please explain: \_\_\_\_\_

Has your child ever had a reaction to a shot?  No  Yes

If yes, please explain: \_\_\_\_\_

Does your child have any medical conditions or take any medications on a regular basis?  No  Yes

If yes, please explain: \_\_\_\_\_

## 3. CONSENT FOR IMMUNIZATION

Hepatitis B	Meningococcal (Men-C-ACYW)	Human Papillomavirus (HPV-9)
<input type="checkbox"/> YES my child may be given the shot against hepatitis B.  _____ Parent/Guardian Signature  _____ Date	<input type="checkbox"/> YES my child may be given the shot against meningococcal disease (ACYW).  _____ Parent/Guardian Signature  _____ Date	<input type="checkbox"/> YES my child may be given the shot against HPV-9.  _____ Parent/Guardian Signature  _____ Date
<input type="checkbox"/> NO I do not consent for my child to be given the shot against hepatitis B.	<input type="checkbox"/> NO I do not consent for my child to be given the shot against meningococcal disease (ACYW).	<input type="checkbox"/> NO I do not consent for my child to be given the shot against HPV-9.
My child has already received the hepatitis B vaccine: <input type="checkbox"/> Hep B <input type="checkbox"/> Twinrix 1. _____ (yyyy/mm/dd) 2. _____ (yyyy/mm/dd) 3. _____ (yyyy/mm/dd)	My child has already received the meningococcal (ACYW) vaccine. Date: _____ (yyyy/mm/dd) <b>*This is a required vaccine. It is different than the vaccine given on or after the first birthday.</b>	My child has already received the HPV vaccine. 1. _____ (yyyy/mm/dd) 2. _____ (yyyy/mm/dd) 3. _____ (yyyy/mm/dd)

Unless cancelled, this request is valid for the time period required to complete the series.

