

**HAMMOND HEALTH CENTER  
ITHACA COLLEGE ❖ ITHACA, NY 14850**

---

**IMMUNIZATION OF MINOR: CONSENT FORM  
PERMISSION TO ADMINISTER VACCINATION/IMMUNIZATION  
(For use ONLY if patient is less than 18 years old)**

---

I, the undersigned parent or guardian of \_\_\_\_\_

Student Name and ID # -OR- Sticker

request the Ithaca College Health Center Staff to administer the following  
vaccination(s)/immunization(s) to my child:

---

I have been given the opportunity to read, or have read to me, the current Vaccine Information Statement (VIS) developed by the CDC regarding the specific vaccination(s)/immunization(s) I am requesting for my child. I understand that unfavorable reactions can occur as a result of administration of any vaccination(s)/immunization(s), and I absolve the Health Service Administration and Ithaca College from any liability as a result of unfavorable reactions to this/these vaccination(s)/immunization(s).

Date \_\_\_\_\_ Parent or Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Witness Signature \_\_\_\_\_

**IF PERMISSION IS BEING GIVEN VIA TELEPHONE, TWO WITNESSES ARE REQUIRED**

Date \_\_\_\_\_ Witness Signature \_\_\_\_\_