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 _____