



## Immunization Consent Form

Child's Name \_\_\_\_\_

Insurance: (please circle one)

No Insurance      Commercial/CHIP      Medicaid

Name of Insurance Company \_\_\_\_\_

During your child's sports physical, he/she may be due for immunizations. Please circle the vaccines that you are agreeable to having your child receive if needed.

### Most Common Vaccines Needed

- |                          |     |    |
|--------------------------|-----|----|
| 1. Menactra (Meningitis) | YES | NO |
| 2. HPV (Gardasil)        | YES | NO |
| 3. Tdap (Tetanus)        | YES | NO |
| 4. Hepatitis A           | YES | NO |

Your signature below indicates that you are agreeable to the administration of vaccines needed.

Name (Print) \_\_\_\_\_

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_