

Measles Outbreak Emergency Consent Form

Personal Information

Full Name

Date of Birth

Address

Phone Number

Email

Parent/Guardian Information (if applicable)

Parent/Guardian Name

Parent/Guardian Phone Number

Consent

Date of Consent

Relationship to Patient



I give consent for the administration of the Measles vaccine/treatment during the outbreak emergency.

Medical Information

Allergies

Medical Conditions

Emergency Contact

Name

Phone Number

Signature

Date