# HPV Vaccine Adolescent Consent Form

## Personal Information

Adolescent's Full Name

Date of Birth

Parent/Guardian Full Name

Contact Information

## Medical Information

Allergies (if any)

Medical Conditions

Current Medications

## Consent

I have read and understood the information about the HPV vaccine. I understand the benefits and potential risks. I voluntarily give consent for the adolescent named above to receive the HPV vaccine.

- [ ] I give consent
- [ ] I do NOT give consent

Parent/Guardian Signature

Date