

School Immunization Parental Consent Form

Student Information

Student Name

Date of Birth

Grade

School Name

Parent/Guardian Information

Parent/Guardian Name

Relationship to Student

Contact Phone

Email Address

Immunization Consent

Immunizations to be administered

Known allergies or medical conditions

Additional information or instructions



I, the parent or guardian of the student named above, give consent for the administration of the immunizations specified.

Signature of Parent/Guardian

Date