

Adolescent Vaccine Parental Consent Form

Adolescent Information

Full Name

Date of Birth

Address

Parent/Guardian Information

Full Name

Relationship to Adolescent

Phone Number

Email

Vaccine Information

Vaccine Type

Date of Vaccination

Clinic/Location

Medical Questions

Known allergies (if any)

Current medications (if any)

Other relevant medical conditions

Consent

I hereby give my consent for the above-named adolescent to receive the indicated vaccine.

Parent/Guardian Comments (optional)

Parent/Guardian Signature

Date