

School-based Vaccine Consent Form

Student Information

Full Name

Date of Birth

School Name

Grade/Class

Parent/Guardian Information

Parent/Guardian Name

Contact Number

Email Address

Medical Information

Allergies (if any)

Medical Conditions

Vaccine Consent

☐ I give consent for my child to receive the vaccine at school.

☐ I do NOT give consent for my child to receive the vaccine at school.

Parent/Guardian Signature

Date