

Parental/ Guardian Consent Form for Immunizations

1. I am the legal parent/ guardian of the below named minor student at the State University of New York College at Oswego.
2. I wish for my child to receive the immunization(s) listed below.
3. I have read the CDC “Vaccine Information Statement (VIS)” specific to the immunization(s) listed. This information is available on the web at <http://www.cdc.gov/vaccines/hcp/vis/current-vis.html>. Paper copies are available at the health services by request. Links can also be found on the Walker Health Services webpage. **The current VIS date on the statement(s) in question must be documented below.**
4. Please note the following possible contraindications to immunization and contact us with any questions: allergy to eggs, latex, thimerosal or other vaccine components, radiation therapy, contact with immunocompromised patients, and pregnancy.
5. This consent will expire in two weeks.

Child to receive immunization _____ D.O.B. _____

Requested immunization(s). Please indicate the Current VIS Edition Date next to each immunization requested. (date is located on the actual statement)

Td (tetanus-diphtheria) _____
Tdap (tetanus-diphtheria-acellular pertussis) _____
MMR (measles-mumps-rubella) **live vaccine _____
Influenza _____

I read the above VIS on: _____ (date).

Print parent/guardian name: _____

Signature: _____ date _____

Please return original signed form to:

Walker Health Services

SUNY Oswego

7060 Rt. 104

Oswego, NY 13126

Fax: 315-312-5409

Consent must be received prior to immunization(s) being administered.