EDWARD M. KENNEDY COMMUNITY HEALTH CENTER

IMMUNIZATION CONSENT FORM

I give consent for my child to receive the following vaccines (immunizations) at the school-based health centers offered by Edward M. Kennedy Community Health Centers:

☐ Covid	☐ Influenza	☐ Polio	☐ Other
☐ Hepatitis A	☐ MCV4/Menactra	☐ Td	
☐ Hepatitis B	☐ MMR	☐ Tdap	
☐ HPV	☐ Pneumococcal	☐ Varicella	

I understand that if my child is receiving a vaccine series they will require more than one dose over a certain time period and I am consenting to all required doses. I have received and read the Vaccine Information Statement (VIS) explaining the benefits and risks of receiving the vaccine.

By signing my name below I am acknowledging that I do not have any questions or concerns about the vaccine to discuss with the Vaccine Administrator.

Student Name:____

Date of Birth: ____________________ Grade: ____________________

Parent/Guardian Name:______________________________________

________________________________ ____________________

Signature of Parent/Guardian **Date**

For questions regarding the school-based health center, call (508) 595-1102