

Parental/Guardian Consent form for Immunizations

1. I am the legal parent/guardian of the below named minor student at the University of North Carolina School of Arts.
2. I have read the CDC information specific to the immunization requested.
This immunization information is available on the web at:
<http://www.cdc.gov/nip/publications/vis/>
3. I wish for my student to receive the immunization listed below and agree to pay the appropriate charges.
4. Please note the following contraindications to immunization: allergy to eggs, latex, thimersol or other vaccine components, radiation therapy, contact with immunosuppressed patients, and pregnancy.

Name of Immunization requested:

Student to receive vaccine:

Please Print Full Name

Signature of person to receive vaccine:

Signature of parent/guardian:

Date: _____

Please mail original signed form to:

Health Services

University of North Carolina School of Arts

1533 S. Main St.

Winston-Salem, NC 2712

FAX NUMBER 336.770.1492

Consent must be received prior to immunization being administered