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/vaccines/ed/patient-ed.html
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