

Immunization Consent Form

The State of Connecticut requires children to be vaccinated against certain communicable diseases as a condition for school attendance.

The following immunizations are required by law for entry into school:

DTaP, MMR, Polio, Varicella, Hepatitis A, Hepatitis B, Hib, Pneumococcal

- Required before starting kindergarten

Meningitis & Tdap (and any required vaccines that have not been previously administered, see above vaccines)

- Required before entry into 7th grade

(HPV vaccine is NOT required for school. It is only recommended. This is a 2 to 3 dose series based on your child's age)

Please select the vaccine(s) you would like the SBHC APRN to administer:

- ☐ DTaP
- ☐ MMR
- ☐ Polio
- ☐ Varicella
- ☐ Hepatitis A
- ☐ Hepatitis B
- ☐ Hib
- ☐ Pneumococcal
- ☐ Meningitis
- ☐ Tdap
- ☐ HPV

I Agree to the School Based Health Center Nurse Practitioner administering the above noted immunizations to my child

Child's Name: _____ School: _____ Grade: _____

Parent Signature: _____ Date: _____