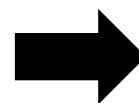


Free Vaccines at School



**** One Per Student – Turn Over To Sign Consent Form****

Spread Protection! Not Disease.

- Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds. It is part of California school law that all students advancing to 7th grade receive at least one dose of Tdap vaccine to protect against pertussis, tetanus, and diphtheria.
- HPV infections can cause certain types of cancers in both men and women; thus, HPV vaccine is cancer prevention. HPV vaccine is recommended for everyone between 9 – 26 years of age.
- Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. It is a rare, but severe disease with a significant risk of death or lasting disabilities in people who get it. Meningococcal vaccine is recommended at age 11-12 years, with a second dose at 16 years of age.
- Research shows when kids get vaccinated, they get long-lasting protection and miss fewer school days

from being sick. Parents/Guardians may miss fewer workdays too.

It's Safe, Easy, and Convenient.

- These vaccines will be given at school, during school hours, by licensed clinicians.
- The vaccine is provided by _____. It's the same vaccine your student would get from your usual doctor or clinic.

Benefits and Risks.

There are benefits and risks to getting vaccinated.

- Benefits include: keeping your student protected from disease or make illness milder if they do get sick.
- Risks include: mild to severe reaction and side effects like pain at the injection site, fever, aches, tiredness, nausea, vomiting, or diarrhea.

Review the [Vaccine Information Statements \(VIS\)](#) (bit.ly/CurrentVISIZOrg) for each vaccine your child will receive.



The California Immunization Registry (CAIR2) is a confidential and secure computer system run by the CA Department Of Public Health that makes vaccination information available to healthcare providers, including local pediatric providers. [We/Organization] will put information about your student's vaccination into CAIR2 as required by CA Health and Safety code 120440. Learn more about [CAIR2 \(bit.ly/CAIR2-Registry\)](http://bit.ly/CAIR2-Registry).

Check box if you **do not** want your student's vaccination data to be shared with healthcare providers who use CAIR2.

For Vaccination Staff Only:

Vaccine: _____ VFC Private
 Injection Site: Right Deltoid Left Deltoid
 Manufacturer: _____
 Lot #: _____ Exp Date: _____
 Administered by: _____
 Vaccine: _____ VFC Private
 Injection Site: Right Deltoid Left Deltoid
 Manufacturer: _____
 Lot #: _____ Exp Date: _____
 Administered by: _____

Vaccine: _____ VFC Private
 Injection Site: Right Deltoid Left Deltoid
 Manufacturer: _____
 Lot #: _____ Exp Date: _____
 Administered by: _____
 Vaccine: _____ VFC Private
 Injection Site: Right Deltoid Left Deltoid
 Manufacturer: _____
 Lot #: _____ Exp Date: _____
 Administered by: _____

Adolescent Vaccine Event Consent Form

Student's Information (to be completed by parent/guardian)

Student's Name (last, first): _____

Date of Birth (mm/dd/yyyy): _____ Age: _____

Student is: male female nonbinary prefer not to say

Home Address: _____ City: _____ Zip code: _____

Name of School: _____

Homeroom Teacher/Room #: _____ Grade: _____

Parent/Guardian Name: _____

Parent/Guardian Email: _____

Parent/Guardian Phone #: _____

Student's Health Insurance

[This service is free]. [Your health insurance company may help pay the cost of your student's immunization, but you will not be charged]. Select your insurance company and include insurance number below.

Medi-Cal Kaiser Permanente United Healthcare No Insurance/Uninsured
 Blue Shield Health Net Cigna Other: _____

Insurance/Medi-Cal #: _____

Student's Race or Ethnicity – Choose All That Apply

Asian Black or African American White Other Race Hispanic or Latino
 Native American/Alaska Native Native Hawaiian or Other Pacific Islander

Medical Questions - You Must Answer Every Question

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Does your student have any allergies to medications, food, a vaccine component, or latex? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has your student had a serious reaction to a vaccine in the past? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has your student had brain or other nervous system problems? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. For females: Is your student pregnant or at risk of becoming pregnant in the next month? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. For the vaccinator the day of: Is the student sick today? | <input type="checkbox"/> | <input type="checkbox"/> |

Signature and Consent

When I (parent/guardian) sign my name, it means these things:

- I give permission for the student whose name is listed on this form to receive the following at the scheduled school vaccine event (check all that apply):
 - Tdap Meningococcal ACWY HPV Meningococcal Serogroup B
- I have read or had explained to me the current [Vaccine Information Statements \(VIS\)](https://www.currentvisi.org/) (bit.ly/CurrentVISIZOrg) and understand the benefits and risks of the vaccines.

Date (Required) _____

Parent/Guardian Signature (Required): _____

Printed Name (Required): _____

Your relationship to student: Mother Father Legal Guardian Other _____