

**Immunization  
Consent Form  
(Front)**

8071-062 MR 09/07 (translated 9/4/07)

I have been given a copy and have read, or have had explained to me, the information in the "Vaccine Information Sheet" for each vaccine checked below. I have had a chance to ask questions and they were answered to my satisfaction. I understand the benefits and risks of each vaccine requested and ask that the vaccine(s) checked below be given to me or to \_\_\_\_\_ for whom I am authorized to make this request.

- |  |   |
|--|---|
| <input type="checkbox"/> Hepatitis B (Hep B)                           | <input type="checkbox"/> Tetanus/Diphtheria (Td, adult)     |
| <input type="checkbox"/> Diphtheria/Tetanus/Acellular Pertussis (DTaP) | <input type="checkbox"/> Pneumococcal Polysaccharide (PPV)  |
| <input type="checkbox"/> Haemophilus Influenzae b (Hib)                | <input type="checkbox"/> Inactivated Influenza              |
| <input type="checkbox"/> Inactivated Poliovirus (IPV)                  | <input type="checkbox"/> Meningococcal Polysaccharide (MPV) |
| <input type="checkbox"/> Pneumococcal Conjugate (PCV)                  | <input type="checkbox"/> Meningococcal Conjugate (MCV)      |
| <input type="checkbox"/> Rotavirus (ROTA)                              | <input type="checkbox"/> Rabies                             |
| <input type="checkbox"/> Measles/Mumps/Rubella (MMR)                   | <input type="checkbox"/> Tetanus Toxoid                     |
| <input type="checkbox"/> Varicella                                     | <input type="checkbox"/> Palizumab (Synagis™)               |
| <input type="checkbox"/> Hepatitis A (Hep A)                           | <input type="checkbox"/> Human Papillomavirus (HPV Vac)     |
| <input type="checkbox"/> Diphtheria/Tetanus (DT, pediatric)            | <input type="checkbox"/> Live Intranasal Influenza          |
| <input type="checkbox"/> Tetanus/Diphtheria/Acellular Pertussis (Tdap) | <input type="checkbox"/> Other: _____                       |

Signature of Patient/Parent/Legal Guardian \_\_\_\_\_ Printed Name/Relationship \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

|  |                    |   |
|--|--------------------|---|
| <b>Telephone &amp; Interpreter Consent:</b>  |                    | <b>(STAFF USE ONLY / SOLO PARA EL USO DEL PERSONAL)</b> |
| I read the above statement to _____, reached at ( ) - ____ on ____/____/____ at _____ hours; he/she stated understanding and approval. |                    |   |
| Signature of 1 <sup>st</sup> Witness _____   | Printed Name _____ | Date ____/____/____                                     |
| Signature of 2 <sup>nd</sup> Witness _____   | Printed Name _____ | Date ____/____/____                                     |
| Interpreter's Signature _____  | Printed Name _____ | Date ____/____/____                                     |

**INSTRUCTIONS FOR COMPLETING FORM**

A consent must be signed for a patient to receive an immunization. The consent will be signed by the parent/legal guardian or authorized adult. A verbal consent may be obtained.

The parent/guardian or authorized adult should read each appropriate "Vaccine Information Sheet," have the opportunity to ask questions, and then sign the "Immunization Consent Form" (#8071-062). The type of vaccine to be administered is checked, signatures obtained, and the document dated and timed. The form is placed in the patient's medical record.

Each "Vaccine Information Sheet" is to be given to the parent/guardian or authorized adult. It is not to be placed in the patient's medical record.

Missouri and Kansas laws allow a parent/guardian to designate another adult to bring a child to an appointment for immunizations. (Please refer to the Administrative Policy on Consent to Medical Treatment if you have questions about who may be authorized.) The form, "Written Authorization to Obtain Immunization" (#8071-010), with instructions on the back, is available for parents to use. The authorized adult must bring the completed form with him/her when he/she presents with the child for an appointment (i.e. the form must be signed by the parent/guardian in advance). The authorization must be in writing; however, other authorization forms will be accepted if they provide the necessary information, including name of child, name of authorized person, and name and relationship of person making appointment.

If the adult bringing the child to an appointment for immunizations does not have written authorization, then he/she must sign the "Declaration of a Person, Other Than a Parent/Guardian, Consenting to Immunization of a Minor Child" (#8071-011). The law says this form is to be used when the parent/guardian can not be located. The adult bringing the child must document what efforts were made to locate the child's parent/guardian.

The "Written Authorization to Obtain Immunization" (#8071-010) and "Declaration of a Person, Other Than a Parent/Guardian, Consenting to Immunization of a Minor Child" (#8071-011) forms should be placed in the patient's medical record.