

Adolescent Health Vaccination Consent Form

Date: _____

To Whom It May Concern,

I, the undersigned, am the parent/legal guardian of:

Name of Adolescent: _____

Date of Birth: _____

I hereby give my consent for my child to receive the following vaccination(s):

- Vaccine Name: _____
- Date of Vaccination: _____

I understand the benefits and risks of the vaccination as explained to me. I also confirm that my child has no known allergies to the vaccine components.

In case of any emergency, I can be reached at:

Phone Number: _____

Date: _____

Signature of Parent/Guardian: _____

Thank you for ensuring the health and safety of my child.

Sincerely,

Name of Parent/Guardian: _____