

# School Vaccination Consent Form Sample for Students

Download our **school vaccination consent form sample** designed specifically for students to ensure a smooth and efficient immunization process. This form provides all necessary details for parents and guardians to grant permission for their child's vaccinations at school. Simplify your school's health procedures with this easy-to-use consent form template.

## Vaccination Consent Form

Student Information

Student Name:

Date of Birth:

Grade/Class:

School Name:

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Email Address:

Consent for Vaccination

Please select the vaccines you consent for your child to receive:

☐ MMR (Measles, Mumps, Rubella)

☐ DTaP (Diphtheria, Tetanus, Pertussis)

☐ Polio

☐ Hepatitis B

☐ COVID-19

☐ Influenza (Flu)

Other (please specify):

Medical Information:

Please list any allergies, medical conditions, or medications relevant for vaccination:

Consent Statement

I, the undersigned, am the legal parent/guardian of the above-named student. I give my consent for my child to receive the vaccines indicated

above at school. I understand the benefits and possible side effects, and I have had the opportunity to ask questions regarding the immunization.

Parent/Guardian Signature:

Date:

Submit Consent Form