

Measles Vaccination Consent Form

This **measles vaccination consent form** sample is designed for students to ensure clear communication between parents, schools, and healthcare providers. It outlines the necessary permissions required before administering the vaccine, promoting student health and safety. Using a standardized form helps streamline the vaccination process and maintain accurate records.

Student Information

Student Name:

Date of Birth:

Student ID (if applicable):

School Name:

Parent/Guardian Information

Parent/Guardian Name:

Contact Number:

Email Address:

Consent

I, the undersigned, consent to my child receiving the measles vaccination as part of the school's immunization program. I have read and understand the information provided about the benefits and risks of the measles vaccine. I authorize the healthcare provider to administer the vaccine and share relevant information with school health staff.

☐

 I give my consent for my child to receive the measles vaccination.

Signature

Parent/Guardian Signature:

Date:

Submit