



# HealthHUB School Clinic

PO Box 542, South Royalton, VT 05068

## Chickenpox Vaccination Consent Form

- Yes!** I have read the Chickenpox vaccine fact sheet. I am aware of the risks and benefits to my child. I give consent for the Chickenpox injection vaccination to be given to:

Child's name \_\_\_\_\_

Child's date of birth \_\_\_\_\_

Your signature \_\_\_\_\_

Date \_\_\_\_\_ Daytime phone \_\_\_\_\_

Has this child ever had an allergic reaction to a previous Chickenpox vaccine injection?

- Yes     No

For clinic use

Date Vaccinated	Manufacturer
Site of Injection	Lot Number
Dosage	Expiry
Initials	