



HealthHUB School Clinic

PO Box 542, South Royalton, VT 05068

Human Papillomavirus (HPV) Vaccination Consent Form

- Yes!** I have read the Human Papillomavirus vaccine fact sheet. I am aware of the risks and benefits to my child. I give consent for the Human Papillomavirus vaccinations (a series of three) 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 HPV vaccine injection?

Yes No

Has this child ever had an allergic reaction to yeast?

Yes No

For clinic use

Date Vaccinated	Manufacturer
Site of Injection	Lot Number
Dosage	Expiry
Initials	