



HealthHUB School Clinic

PO Box 542, South Royalton, VT 05068

Meningococcal Vaccination Consent Form

- Yes!** I have read the Meningococcal vaccine fact sheet. I am aware of the risks and benefits to my child. I give consent for the Meningococcal 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 Meningococcal vaccine injection?

- Yes No

For clinic use

Date Vaccinated	Manufacturer
Site of Injection	Lot Number
Dosage	Expiry
Initials	