



# HealthHUB School Clinic

PO Box 542, South Royalton, VT 05068

## Polio Vaccination Consent Form

- Yes!** I have read the Polio vaccine fact sheet. I am aware of the risks and benefits to my child. I give consent for the Polio injection vaccination (a series of four) 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 Polio vaccine injection?

Yes     No

Has this child ever had an allergic reaction to neomycin, streptomycin or polymyxin B?

Yes     No

For clinic use

Date Vaccinated	Manufacturer
Site of Injection	Lot Number
Dosage	Expiry
Initials	