



Child's Legal Name: _____

Date of Birth: _____

Dear Parent/Authorized Adult,

Fort Defiance Indian Hospital Board, Inc., (FDIHB) will be offering several opportunities to update your child's immunizations at Window Rock High School this year. This consent form allows medical staff to update your child's immunizations if they are seen on the weekly Teen Wellness Clinic. We will check your child's chart, administer the appropriate vaccines, and send the Vaccine Information Statements (VIS) home for your review.

The most common immunizations adolescents need are as follows:

- Influenza- recommended once/year
- Tdap- the same as the Tetanus booster, but includes a Pertussis component to protect against whooping cough
- HPV- this protects against Human Papillomavirus infection, which can cause several different types of cancers in both men and women
- Meningococcal

If you consent to your child being given these vaccines at school, please read, initial, and sign below.

Question 1: *Has your child ever had a severe allergy or reaction to eggs (i.e., anaphylaxis- can't breathe?)*

Check one: Yes: _____ No: _____

Statement 1: *I understand the benefits and risks of the vaccine(s) and request that the recommended vaccine(s) be given to the person named on this health record for whom I am authorized to make this request.* **Initial:** _____

Statement 2: *I agree to allow the health care provider giving vaccinations to release information about all vaccinations given to the Arizona State Immunization Information System (ASIIS), other health care providers and schools in order to avoid receiving unnecessary vaccinations and to provide information about what immunizations have been received. I understand that I am not required to agree to the release of this information in order to receive the vaccinations I request.*

Initial: _____

I understand that all vaccination information will be available upon request in the Electronic Health Record.

Print Name of Parent or Legal Guardian

Relationship to Patient

Signature of Parent or Legal Guardian

Date

For more information on these and other vaccines, please visit www.cdc.gov/vaccines/hcp/vis/current-vis.html If you have any questions about these immunizations, or any of the information attached here, please contact the Pediatric Clinic at (928)729-8710. Thank you! Ahe'hee