



Kings County Department of Public Health
330 Campus Drive, Hanford, CA 93230

Consent for Immunizations

Dear Parents:

The Kings County Health Department is sponsoring a vaccination program for teenagers in your child's school. Several new vaccines are now recommended by the American Academy of Pediatrics for children in this age group. These vaccines are being offered free of charge for students with full-scope Medi-Cal or \$10 for all other students..

Please review carefully the vaccine information on the website <http://www.countyofkings.com/Health/index.html>. If you want your child to be vaccinated, check the appropriate spaces below. If you do not want your child vaccinated, check # 3. Sign and date the consent form and return it to the school.

If you have any questions, please call the Health Department at 584-1401, ext. 4523, or 1-800-649-5399.

PARENT / GUARDIAN: PLEASE COMPLETE ALL OF THE FOLLOWING INFORMATION ABOUT STUDENT WHO IS TO RECEIVE THE IMMUNIZATION(S).

(PLEASE PRINT)

Student's Name Last _____ First _____		Home Address _____		
Birth date _____	Sex (circle one) Male Female	City _____	Zip Code _____	Telephone _____
Ethnic Origin (✓ one) <input type="checkbox"/> American Indian <input type="checkbox"/> Mexican Am. / Hisp. <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Filipino <input type="checkbox"/> Other _____		Parent / Guardian Last Name _____ First _____		
		Allergies, reactions and / or problems to previous immunizations _____ _____		
Please indicate if your child has: <input type="checkbox"/> Medi-Cal? <input type="checkbox"/> Insurance? / Healthy Families? <input type="checkbox"/> No coverage?				

1 I request that my child receive all needed / recommended immunizations based on my child's current record.

2 I request that my child receive **only** the following immunizations:

- Meningococcal - 1 dose needed
- Human Papillomavirus (HPV) - 3 dose series
- Tetanus, Diphtheria, and Pertussis - 1 dose needed
- Varicela (Chickenpox) - 1 dose may be needed

The HPV vaccine is a 3-dose series. Please follow-up with your personal physician for the 2nd and 3rd doses. Or you may go to one of the regularly scheduled Health Department IZ clinics. You may be sent a postcard reminder to finish the series and ensure full immunity.

3 I do not want my child to receive any immunizations at this time.

I have read the information contained in the "Vaccine Information Statements" about the disease(s) and vaccines(s). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and the risks of the vaccine(s) and request that the vaccine(s) indicated above be given to me or to the person named above for whom I am authorized to make this request.

Parent / Guardian signature _____ **Date** _____

To promote the physical, mental, social and environmental health of the people in Kings County