

MBC Student Health Center
201 Market Street
Staunton, VA 24401
T# (540)887-7095 Fax# (540)887-7289

** Please complete the consent form for the vaccine you wish to receive. Thank you!*

CONSENT FOR INFLUENZA VACCINE (seasonal flu)

Name _____ DOB _____
(please print)

I have been provided a copy of the appropriate Centers for Disease Control and Prevention (CDC) vaccine information. I have read the information and believe I understand the benefits and risks of receiving the influenza vaccine. I request that the flu vaccine be given to me *or* the person named above, for whom I am authorized to make this request.

Signature _____ Date _____

Parent or Guardian (if under 18 years old) _____

Dose: _____ Lot #: _____ Exp. Date: _____ Nurse: _____

CONSENT FOR H1N1 VACCINE (formerly known as Swine Flu)

Name _____ DOB _____
(please print)

If the H1N1 Flu vaccine becomes available during this school year, I consent to vaccination and/or give permission for this inoculation for my child as named above.

Signature _____ Date _____

Parent or Guardian Signature (if < 18 yrs. old) _____

Dose: _____ Lot #: _____ Exp. Date: _____ Nurse: _____