



William & Mary
Student Health Center
McLeod Tyler Wellness Center
240 Gooch Drive, Williamsburg, VA 23185
Phone: (757) 221-4386 Fax: (757) 221-1245

VACCINE ADMINISTRATION PARENTAL CONSENT

I, _____ (print name), as legal custodial parent/legal guardian of
_____ (student's name) _____ (date of birth) give my
consent for the William & Mary Student Health Center staff to administer the following vaccine(s).

VACCINE(S) TO BE ADMINISTERED (check all that apply):

[Hepatitis A](#)

[MMR \(Measles, Mumps, and Rubella\)](#)

[Hepatitis B](#)

[Polio](#)

[HPV \(Human Papillomavirus\)](#)

[Td \(Tetanus, Diphtheria\)](#)

[Influenza \(Flu\)](#)

[Tdap \(Tetanus, Diphtheria, Pertussis\)](#)

[Meningococcal ACWY](#)

[Typhoid](#)

I CERTIFY THAT:

- I have read or been given the corresponding Vaccine Information Statement(s) available on the [W&M Student Health Center website](#) and/or at the [CDC website](#).
- I am aware that I can speak to a member of the W&M Student Health Center clinical staff regarding any questions or concerns I may have before giving consent.
- I am aware of the indications and contraindications of receiving the vaccine(s).
- I am aware that pregnancy, disease, and/or other conditions outlined in the VIS may defer me from having the vaccine.
- I understand the risks and benefits of the vaccine(s) indicated and give consent that the person named above, for whom I am authorized to make this request, receive it/them. This vaccination information will be uploaded to and accessible through the Virginia Immunization Information System (VIIS).

Signature: _____ Date: _____

Relationship to Student: _____

The student must upload the completed consent to their Online Health Portal prior to scheduling. Please select the category titled "Vaccine Administration Parental Consent". Scan here to access:

