

HPV Vaccine Consent Form

Patient's Name: _____

Patient's Date of Birth: _____

Insurance Company: _____

ID Card #: _____

NOTE:

The HPV vaccine is FREE.

If your student HAS INSURANCE, the insurance company will be billed for the administration fee.

If your student is UNINSURED, the administration fee is will be covered by CHA.

In order for your student to be vaccinated, you must check the box below:

I have read the HPV Vaccine Information Sheet and give permission for my student to be vaccinated.

Signature of parent/guardian

Date