

**INFORMED CONSENT TO ADMINISTER VACCINES TO STUDENTS  
UNDER 18 YEARS OF AGE**

I, the undersigned authorize Intravene to administer the following vaccine(s) to my son/daughter at the immunization program to be held in conjunction with his/her high school, university or college.

- Influenza ( Injection/ Intranasal)
- H1N1 Influenza
- Meningococcal
- Hepatitis B
- M/M/R
- Tetanus/Diphtheria
- Tetanus/Diphtheria/Pertussis (TDap)
- HPV (Gardasil)
- Other: \_\_\_\_\_
- Other: \_\_\_\_\_

I have read the vaccine information statements sent to me with this form, which outlines the benefits, risks and contraindications to the vaccines as well as the possible side effects.

Students Name (Please Print):

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.I.: \_\_\_\_\_

Student's Social Security Number: \_\_\_\_\_

Students Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Home Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Please fax this completed form to Intravene at (434) 544-2332

If unable to fax form, you may mail form to:

Intravene  
2215 Landover Place  
Lynchburg, Virginia 24501