

Adolescent Vaccine Consent Form

Each minor must have their own form - valid for 2026/2027 School Year

Minor's Information (to be completed by parent/guardian)

Minor's Name (last, first): _____

Date of birth (mm/dd/yyyy): _____ Age: _____

Home Address: _____ City: _____ Zip Code: _____

Parent/Guardian Name: _____

Parent/Guardian Phone #: _____

Minor's Health Insurance

***Note :** Vaccines will be provided to your minor without cost to you if your minor is eligible for the Vaccines for Children Program. If your minor is covered by a private health insurance plan, the Clinic shall seek reimbursement for all allowable costs associated with the provision of the vaccine. **Your minor will not be vaccinated if you do not provide all requested insurance information below.**

Insurance Company and Policy #: _____

Group #: _____ Subscriber Name: _____ Subscriber DOB: _____

Patient Relationship to subscriber: _____

Minor's Race or Ethnicity - Choose All That Apply

- Asian Black or African American White Hispanic or Latino
 Native American / Alaska Native Native Hawaiian or Other Pacific Islander
 Other Race

Medical Questions - You Must Answer Every Question

1. Does your minor have any allergies to medications, food, a vaccine component, or latex? Y/N
2. Has your minor had a serious reaction to a vaccine in the past? Y/N
3. Has your minor had brain or other nervous system problems? Y/N
4. For females : Is your minor pregnant or at risk of becoming pregnant in the next month? Y/N
5. **For the vaccinator the day of :** Is the minor sick today? Y/N

Signature and Consent

When I (parent/guardian) sign my name, it means these things :

- I have read or had explained to me the current ***Vaccine Information Statements (VIS)*** (bit.ly/CurrentVISIZOrg) and understand the benefits and risks of the vaccines.
- I give permission for the minor whose name is listed on this form to receive the following (check all that apply) :
 Tdap Meningococcal ACWY HPV Meningococcal Serogroup B
 Any other vaccines your minor is not up to date on
 I do **NOT** want my minor to have any vaccines

Parent/Guardian Signature **(Required)** _____

Date**(Required)** _____

Printed Parent/Guardian Name**(Required)**: _____

Your relationship to minor: Mother Father Legal Guardian Other: _____

Spread Protection! Not Disease.

- Diphtheria and pertussis spread from person to person. Tetanus enters the body through cuts or wounds. It is part of Nebraska school law that all minors advancing to 7th grade receive at least one dose of Tdap vaccine to protect against pertussis, tetanus, and diphtheria.
- HPV infections can cause certain types of cancers in both men and women; thus, HPV vaccine is cancer prevention. HPV vaccine is recommended for everyone between 9–26 years of age.
- Meningococcal disease can cause meningitis (infection of the lining of the brain and spinal cord) and infections of the blood. It is rare, but severe disease with a significant risk of death or lasting disabilities in people who get it.
 - Meningococcal vaccine is recommended at age 11–12 years, with a second dose at 16 years of age.
 - Meningococcal B series starts at age 16 with second dose 6 months after the first.

Benefits and Risks.

There are benefits and risks to getting vaccinated.

- Benefits include : keeping your minor protected from diseases or make illness milder if they do not get sick.
- Research shows when kids get vaccinated, they get long-lasting protection and miss fewer school days from being sick. Parents/Guardians may miss fewer workdays too.
- Risks include : mild to severe reaction and side effects like pain at the injection site, fever, aches, tiredness, nausea, vomiting, or diarrhea.

Vaccine Information Statements (VIS)



Immunization Booklet Guide



Please read for each vaccine your minor will receive

***Vaccines subject to location– Limitations apply to Bancroft, Beemer and Emerson**

Contact : Pender Medical Clinic with any questions at **402-385-3033**