



# HealthHUB School Clinic

PO Box 542, South Royalton, VT 05068

## Hepatitis B Vaccination Consent Form

- Yes!** I have read the Hepatitis B vaccine fact sheet. I am aware of the risks and benefits to my child. I give consent for the Hepatitis B vaccinations (a series of three) to be given to:

Child's name \_\_\_\_\_

Child's date of birth \_\_\_\_\_

Your signature \_\_\_\_\_

Date \_\_\_\_\_ Daytime phone \_\_\_\_\_

Has this child ever had an allergic reaction to yeast or a previous Hepatitis B vaccine injection?

- Yes     No

Dates of previous Hepatitis B injections, if applicable: #1 \_\_\_\_\_, #2 \_\_\_\_\_

*If you have any question about whether or not your child has received Hepatitis B immunizations, please call your child's doctor's office.*

For clinic use

Date Vaccinated	Manufacturer
Site of Injection	Lot Number
Dosage	Initials