SOUTH COVE COMMUNITY HEALTH CENTER

VACCINE CONSENT FORM

Section 1: Patient Information

Patient Name:	DOB:
Address:	Phone:
City:	State / ZIP:

Section 2: Consent for Vaccination

I give permission for my child to receive vaccines at South Cove Community Health Center.

School-required vaccines: These are vaccines your child needs to attend school in Massachusetts. They may include DTaP/Tdap, Polio, Hepatitis B, MMR, Varicella, and MenACWY. You can see the full list at mass.gov/immunizationrequirements.

Recommended vaccines: Our clinic staff may also recommend COVID-19, Influenza, and HPV vaccines based on your child's age and health. Your child will only receive vaccines that are right for them. Not all vaccines may be given today.

Section 3: Your Rights and What to Expect

Before the vaccine: You will receive a Vaccine Information Statement (VIS) for each vaccine your child gets. This is a federal requirement. The VIS explains the benefits and risks. You can also view them at cdc.gov/vaccines/hcp/vis. You have the right to ask questions and talk with our staff before any vaccine is given.

Insurance: If your child has health insurance, we will bill the insurance company for the vaccines. You are responsible for any costs your insurance does not cover, such as copays or deductibles.

Being present: You do not need to be with your child when they get vaccinated. By signing this form, you give us permission to vaccinate your child even if you are not there.

Records: By state law, we must report all vaccines to the Massachusetts Immunization Information System (MIIS). This secure database tracks immunizations across the state. We cannot opt out of this reporting.

Section 4: Consent

By signing below, I confirm that:

- I am the parent or legal guardian of this child, and I have the right to make medical decisions for them.
- I have read this form and understand what I am agreeing to.
- I have had the chance to ask questions about the vaccines.
- I understand that all medical treatments, including vaccines, have some risks. I have been told about the benefits and risks, and I choose to move forward.
- The information I have provided on this form is true and complete.

Consent Election

☐ **I give permission** for my child to receive all vaccines listed below.

☐ I **do NOT give permission** for my child to receive the following vaccines checked below.

☐ DTaP/Tdap ☐ Polio ☐Hepatitis A ☐Hepatitis B ☐ MMR ☐ Varicella ☐ MenACWY ☐ MenB ☐ COVID-19

☐ Influenza ☐ HPV ☐ PCV ☐ HiB ☐ Rotavirus

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____ Relationship: _____