

## **Vaccine Consent Form**

Full, Legal Name of Student (First Name Middle Initial. Last Name) PLEASE PRINT				Name of School	
Parent/Guardian Name (First Name Middle Initial. Last Name) Relati		e) Relationship	o to Student	Homeroom Teacher / Grade	
Address		Email Add	Email Address Bi		Age Sex
City	Zip Code			Home Phone #	Cell Phone #
Please CHECK ONE and fill out the following questions					
Insurance CHIP/STAR/Medicaid American Indian/Alaskan Native					
Underinsured (insurance does not cover vaccines)					
Insurance Company: Member ID:					
Policy Holder's Name:					
The current health care laws require us to bill your insurance company for the vaccine. There will be no out of pocket expense for those insured.					
Vaccine(s) to be given:					
IF YOU HAVE ANY HEALTH QUESTIONS, PLEASE CONTACT YOUR CHILD'S PEDIATRICIAN OR CALL AURORA CONCEPTS AT 936-598-3296 TO SPEAK TO A NURSE.					
I acknowledge that Aurora Concepts provided me and I have been afforded the opportunity to read the Notice of Privacy Practices and CDC Vaccine Information Statement for the vaccine(s) indicated on their website: www.auroraconcepts.net under the 'Patient Resources' tab.   I give permission to Aurora Concepts and their administrators to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Texas Department of Health policies, to assure optimal healthcare for my child. I hereby release Aurora Concepts, and my child's school district from any and all liability associated with the administration and potential side effects of the vaccine.      YES, I wish to participate     NO, I do not wish to participate       Printed Name of Parent/Guardian     Signature of Parent/Guardian					
AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION					
Clinic/Office Address:	Clinic/Office Address:	Clinic/Office Address:	Clinic/Office Address:	Clinic/Office Address:	Clinic/Office Address:
Date VIS Given:	Date VIS Given:	Date VIS Given:	Date VIS Given:	Date VIS Given:	Date VIS Given:
Vaccine Given:	Vaccine Given:	Vaccine Given:	Vaccine Given:	Vaccine Given:	Vaccine Given:
Date Vaccine Administered:	Date Vaccine Administered:	Date Vaccine Administered:	Date Vaccine Administered:	Date Vaccine Administered:	Date Vaccine Administered:
Vaccine Manufacturer:	Vaccine Manufacturer:	Vaccine Manufacturer:	Vaccine Manufacturer:	Vaccine Manufacturer:	Vaccine Manufacturer:
Vaccine Lot Number:	Vaccine Lot Number:	Vaccine Lot Number:	Vaccine Lot Number:	Vaccine Lot Number:	Vaccine Lot Number:
Site of Administration:	Site of Administration:	Site of Administration:	Site of Administration:	Site of Administration:	Site of Administration:
Signature of Vaccine Administrator:	Signature of Vaccine Administrator:	Signature of Vaccine Administrator:	Signature of Vaccine Administrator	Signature of Vaccine Administrator:	Signature of Vaccine Administrator:
Title of Vaccine Administrator:	Title of Vaccine Administrator:	Title of Vaccine Administrator:	Title of Vaccine Administrator:	Title of Vaccine Administrator:	Title of Vaccine Administrator: