

Your child may be due for any or all of the recommended vaccines. Information on these necessary vaccines can be found at <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

I hereby state:

- I am opposed to all immunizations.
- I consent for my child to receive

- HPV
- Meningitis
- Tdap

Childs Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

Parents Name \_\_\_\_\_

Parents Signature \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Child \_\_\_\_\_