



Proudly Serving Golden Valley, Judith Basin, Musselshell, Petroleum, and Wheatland Counties

Child Immunization Consent Form

Student Name: _____ **Date of Birth:** _____

Parent/Guardian Name: _____

Phone Number: _____

Consent for Vaccination

I, the undersigned parent or legal guardian, give my consent for my child to receive the vaccines indicated below. I understand that:

- The vaccines listed protect my child from serious diseases.
- Mild side effects (soreness, fever, fatigue) may occur.
- I may refuse any vaccine or ask questions before administration.
- I have received or have access to information about each vaccine, including benefits and risks.
- **We cannot immunize your child without your consent.**

Vaccine Consent Table

Please initial next to each vaccine you would like your child to receive:

☐ **Initial Vaccine**

_____ DTaP or Tdap (depending on age)

_____ MMR

_____ Varicella

_____ Polio

_____ Hepatitis A

_____ Hepatitis B

_____ HPV (Human Papillomavirus)

_____ Meningococcal ACWY

_____ Meningococcal B

_____ Influenza

_____ COVID-19

Acknowledgment & Signature

I acknowledge that I have read and understand the information above and give my consent for my child to receive the vaccines I have indicated by my initials.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ **Date:** _____

Working together to bring Health & Wellness to Central Montana!

Screening Checklist for Contraindications to Vaccines for Children and Teens

PATIENT NAME _____

DATE OF BIRTH _____ / _____ / _____
month day year

For parents/guardians: The following questions will help us determine which vaccines your child may be given today. If you answer “yes” to any question, it does not necessarily mean your child should not be vaccinated. It just means additional questions must be asked. If a question is not clear, please ask your healthcare provider to explain it.

	yes	no	don't know
1. Is the child sick today?	☐	☐	☐
2. Does the child have allergies to medicine, food, a vaccine component, or latex?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the child have a long-term health problem with heart, lung (including asthma), kidney, liver, nervous system, or metabolic disease (e.g., diabetes), a blood disorder, no spleen, a cochlear implant, or a spinal fluid leak? Are they taking regular aspirin or salicylate medication?	☐	☐	☐
5. For children age 2 through 4 years: Has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐
6. For babies: Have you ever been told the child had intussusception?	☐	☐	☐
7. Has the child, a sibling, or a parent had a seizure; has the child had a brain or other nervous system problem?	☐	☐	☐
8. Has the child ever been diagnosed with a heart condition (myocarditis or pericarditis) or have they had Multisystem Inflammatory Syndrome (MIS-C) after an infection with the virus that causes COVID-19?	☐	☐	☐
9. Does the child have an immune-system problem such as cancer, leukemia, HIV/AIDS?	☐	☐	☐
10. In the past 6 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs to treat rheumatoid arthritis, Crohn's disease, or psoriasis; or had radiation treatments?	☐	☐	☐
11. Does the child's parent or sibling have an immune system problem?	☐	☐	☐
12. In the past year, has the child received immune (gamma) globulin, blood/blood products, or an antiviral drug?	☐	☐	☐
13. Is the child/teen pregnant?	☐	☐	☐
14. Has the child received vaccinations in the past 4 weeks?	☐	☐	☐
15. Has the child ever felt dizzy or faint before, during, or after a shot?	☐	☐	☐
16. Is the child anxious about getting a shot today?	☐	☐	☐

FORM COMPLETED BY _____ DATE _____

FORM REVIEWED BY _____ DATE _____

Did you bring your immunization record card with you? yes ☐ no ☐

It is important to have a personal record of your child's vaccinations. If you don't have one, ask the child's healthcare provider to give you one with all your child's vaccinations on it. Keep it in a safe place and bring it with you every time you seek medical care for your child. Your child will need this document to enter day care or school, for employment, or for international travel.

