

Mobile Health Outreach Ministry

Consent form for: School Physical Immunization Sports Physical
(See other side)

I hereby consent for _____ (name) to submit to a school physical, sports physical and/or immunizations (if indicated) as part of the preventative health services provided by the staff of St. Vincent's Mobile Health Outreach Ministry on _____ (date).

STATEMENT: I have been given a copy and have read or have had explained to me the information contained in the Vaccine Information Statement(s) about the disease(s) and the vaccine(s). I have had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and request that the vaccine(s) indicated to be given to the person named above for whom I am authorized to make this request.

Address: _____ Apt. # _____

Zip code: _____ Phone number: _____

Child's Social Security Number: _____

DOB: _____ Age: _____ Sex: _____

School child attends: _____ Grade: _____

Child's Physician: _____

Allergies: _____

Previous Surgeries: _____

Is child taking any medications at this time - if so please list: _____

Ethnicity: Black Hispanic Native American Indian
 White/Caucasian Other

Does the child have health insurance? Please check one of the following:

No Insurance Medicaid or Kid Care Other Insurance

Name of Health Insurance: _____

Signature of Parent/Legal Guardian

Print Name of Parent/Legal Guardian

Date