UCFS Healthcare
Well-Being Redefined.

United Community and Family Services
School-Based Health Center
47 Town Street
Norwich, Connecticut 06360-2315

Telephone (860) 822-2803
Fax (860) 947-3716
SBHC@ucfs.org

Consent for Immunization Administration

Patient name: _____ DOB: _____

By signing below you authorize UCFS to administer the following vaccines in accordance with the State of Connecticut requirements for school entry. I understand the risks and benefits of this/these vaccine(s) and have had an opportunity to ask questions which were answered to my satisfaction and consent for my child to have the following vaccines.

Signature of parent or guardian_____

TDAP _____ Lot#_____

Hepatitis B_____ Lot#_____

MMR_____ Lot#_____

HPV _____ Lot#_____

Men B _____ Lot #_____

Hib_____ Lot#_____

Td_____ Lot#_____

Polio _____ Lot#_____

Hepatitis A_____ Lot#_____

Menactra _____ Lot#_____

Varicella _____ Lot#_____

DTap_____ Lot#_____

Prevnar_____ Lot#_____

Other_____ Lot#_____

VIS given_____ Administered by: _____