

# GOUCHER COLLEGE

## PARENTAL CONSENT FOR VACCINATION OF A MINOR

\_\_\_\_\_ Student ID # \_\_\_\_\_  
PRINT NAME OF MINOR CHILD

As the parent/legal guardian of the above named Goucher College student, I have read the 2009 Influenza Vaccine Information Statement(s) for the vaccine(s) requested below, and I understand the risks and benefits of my child receiving the requested vaccine(s).

I give my consent for my son/daughter to be administered the following vaccine(s) by health care providers at Goucher College:

- Seasonal Inactivated Influenza vaccine
- H1N1 Inactivated Influenza vaccine
- Other (Please Specify) \_\_\_\_\_

I voluntarily assume responsibility for any and all vaccine reactions that may result to the child/legal dependent named above, and hereby release Goucher College and its trustees, officers, agents, employees, volunteers, and representatives from any and all claims arising out of, or in any way related to, any vaccine reactions experienced by the minor child/legal dependent.

Parent/legal guardian name (print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_