

Informed Consent for HPV Vaccine Series

Date:

Patient Name:

Date of Birth:

I _____ (Print Name) the legal parent or guardian for
_____ (Patient Name) give permission to receive the
Human Papilloma Virus (HPV) vaccination series.

By signing this consent form I agree to the following:

- 1) I will allow my child to return for vaccination and receive the HPV vaccine dose 1, 2, or 3, even when I'm not accompanying him/her to the visit.
- 2) I have been given a copy of the most recent version of the Vaccine Information Sheet (VIS) for the HPV vaccine

Signature: _____ Date: _____

Note: to be scanned in patient chart.