

# Princeton International School of Mathematics and Science

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## Consent for Vaccination/s

Student Name: \_\_\_\_\_ Date Of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Allergy: Yes/No (CIRCLE)

If yes, please explain \_\_\_\_\_

To whom it may Concern:

I give my consent for my child to have the following vaccine/s:

- Meningitis
- TB or PPD
- MMR
- Tdap
- Varicella
- Hep A
- Hep B

Parent/Guardian Print Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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