

TOWSON UNIVERSITY

PARENTAL CONSENT FOR VACCINATION OF A MINOR

TUID# _____

PRINT NAME OF MINOR CHILD _____

As the parent/legal guardian of the above named Towson 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 Towson University:

- Seasonal Inactivated influenza vaccine
- H1N1 Inactivated Influenza vaccine
- Other _____

I voluntarily assume responsibility for vaccine reactions that may result to the child/legal dependent named above and hereby release Towson University and its employees from any and all claims arising out of, or in any way related to, any vaccine reactions experienced by of my minor child/legal dependent.

Parent/legal guardian name (print): _____

Signature: _____

Date: _____