

Informed Consent to Administer Meningitis Vaccination



I, the undersigned, authorize Spring Arbor University Holton Health Center to administer the meningitis (Menactra) vaccine to me in an effort to provide immunization against meningitis on Spring Arbor University campus.

I understand that the meningitis vaccine is a safe, effective vaccine that can provide protection against four out of five strains of the disease (Serogroup A, C, Y, and W-135; there is currently no vaccine for Serogroup B). These four strains cause nearly 85% of meningococcal meningitis on college campuses.

I have read and I understand the enclosed information regarding the risks and benefits of receiving the vaccine for meningitis.

- I **do not** wish my child to receive the vaccine for meningitis.
- I **do** wish my child to receive the vaccine for meningitis. Enclosed in the provided return envelope is my check for \$120.00. ****Please make checks payable to: Holton Health & Wellness Center****
- My child has **already received** the vaccine for meningitis

Student's Name (Please Print):

Last: _____ First: _____

Student's Date of Birth (MM/DD/YY): _____/_____/_____

Signature of Student: _____ **Date:** _____

Signature of Parent: _____ **Date:** _____
(If student is under 18 years of age)

Home Phone: (_____) _____ - _____