

Consent for Minors

Page 1 of 1

It has been explained that because of their contact with patients or infective material from patients, many healthcare workers (e.g., physicians, nurses, emergency medical personnel, medical and nursing students, laboratory personnel, hospital volunteers, and administrative staff) are at risk for exposure to and possible transmission of vaccine preventable diseases.

Monument Health requires proof of immunization of vaccine preventable diseases which may include: Hepatitis B, Measles (Rubeola), Mumps, Rubella, Varicella Zoster (Chicken Pox), Hepatitis A, T-dap, and Influenza (Flu). If you are unable to provide proof of immunization, you may be sent to the laboratory for a blood draw and sample to obtain an immunization titer result for the employee health record. If your results are negative it will be for your safety as well as your patient's safety that you receive vaccination from Employee Health. At the time of vaccination, the Centers for Disease Control Vaccine Information Sheet explaining the risks and benefits of each specific vaccination will be provided.

You may also be tested with a blood draw and sample for active communicable illnesses, to include tuberculosis, and Hepatitis B to prevent transmission of such diseases to your co-workers and patients.

Risk of intramuscular, intravenous and intradermal injections can include redness, soreness, infection, allergic reaction, bruising and pain at the injection sites.

I, _____, parent /guardian of _____, a minor, authorize Employee Health to give vaccinations and order a blood draw and sample to fulfill employment or volunteering screening requirements for Monument Health. The minor has the right to refuse recommended vaccination but the parent/guardian will be required to request and sign a declination form. I will have the opportunity to ask questions by contacting Employee Health at (605) 755-5540.

Parent/Guardian Name: (PRINT) _____

Parent/Guardian Signature: _____ Date: _____ Time: _____

Minor's Name (PRINT): _____ Date: _____ Time: _____