

HPV VACCINATION CONSENT FORM

King's Daughters Medical Center Clinic

Genital human papillomavirus ("HPV") is the most common sexually transmitted virus in the United States. Most HPV infections don't cause any symptoms, and go away on their own; however, HPV can cause cervical cancer in women. HPV is also associated with several less common cancers, such as vaginal and vulvar cancers in women, and anal and oropharyngeal (back of the throat, including base of tongue and tonsils) cancers in both men and women. HPV can also cause genital warts and warts in the throat. The HPV vaccine can prevent most cases of cervical cancer in females, if it is given before exposure to the virus. In addition, it can prevent vaginal and vulvar cancer in females, and genital warts and anal cancer in both males and females. The HPV vaccine is offered in three (3) doses (each dose injected by shot). The second and third doses are administered two (2) and six (6) months, respectively, after the first dose.

King's Daughters Medical Center ("KDMC", "we" or "us") will offer HPV vaccinations at **Carter County** during the course of the **2016/2017** school year. In order to receive the HPV vaccine, Student must have this HPV Vaccination Consent Form in addition to a separate Consent for Services form on file at school, both completed and signed by Student's parent or legal guardian.

Please sign below as Parent/Guardian if you give permission to KDMC to administer the HPV vaccine to Student.

Student Information

School District: _____ School: _____

Student Name: _____ Birthdate: _____

Is Student in Foster Care? Yes No

If Yes, list name and agency of social worker: _____

Medical Questionnaire

Is Student taking any medications (over-the-counter or prescription)? Yes No

If Yes, list medications: _____

Is Student allergic to Baker's yeast? Yes No

Please list any other allergies: _____

Has Student had a severe allergic or other reaction to a previous dose of the HPV Vaccine?

Yes No

Is Student pregnant or planning to become pregnant in the next six (6) months? Yes No

Does the Student have a moderate or severe illness today? Yes No

By my signature below, I certify the following:

- **I was provided with, and have read and understand, the HPV vaccine information statement, and have also read and understand the description of the HPV vaccine contained in this HPV Vaccination Consent Form;**
- **I was given the opportunity to ask questions about the risks and benefits of the HPV vaccine;**
- **I have been informed that as a result of the HPV vaccine, Student may experience some side effects including but not limited to pain, redness or swelling at the injection site, mild to moderate fever, headache, and/or fainting;**
- **I agree that the information provided herein is true and accurate to the best of my knowledge; and**
- **I give my consent for Student to receive the HPV vaccination (all doses).**

Parent/Guardian Name (Printed): _____

Parent/Guardian Signature and Date: _____