



Date: _____

Dear Parents and Guardians of _____ DOB: _____,

Framingham Public Schools has partnered with the Framingham Board of Health to provide childhood vaccines during the school day. There will be no cost to you for these vaccines.

Currently, your child needs the following vaccines in order to be compliant with Massachusetts Laws and Regulations (105 CMR 220.00). (Circle Missing Vaccines)

Tdap (7 yrs and older) Dtap (Under 7 years old) Hep B Varicella
Hep A Polio MMR Meningococcal HIB Other _____

If you would like your child to be vaccinated during the school day, please fill out the consent form below. If you do not want your child to be vaccinated during the school day, please make an appointment with their pediatrician or the Framingham Board of Health so that they receive the required vaccinations.

By completing and submitting this form, I confirm that I am the appropriate parent, guardian, or legally authorized individual to provide consent and I attest to:

- A. I authorize the Framingham Board of Health in partnership with Framingham Public Schools to administer the vaccinations listed above to my child during the school day.
- B. I understand that I will not be present when my child receives the above vaccinations.
- C. I understand that Framingham Public Schools nor the Framingham Board of Health is not acting as my child's medical provider and any questions related to my child's vaccinations should be directed to your pediatrician.

Student Name: _____ Birthdate: _____ School: _____

Does your child have Medicaid ____ Yes ____ No Medicaid Number: _____

Parent/Guardian Name _____ Phone Number: _____

Parent/Guardian Signature: _____ Date: _____

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