



**PARENTAL NOTIFICATION OF HEALTH-RELATED CARE:
VACCINATION/IMMUNIZATION**

NAME OF YOUTH: _____ **DATE OF BIRTH:** _____

FACILITY NAME: _____ **DJJID#:** _____ **DATE:** _____

PARENT/GUARDIAN NAME AND ADDRESS: _____

DJJ FACILITY NAME AND ADDRESS: _____

Dear _____ :

Our records indicate that you are the parent or guardian who has authority over health care for the above named youth. The purpose of this form is to notify you that the following vaccination(s) has/have been ordered for your child. We have included a Vaccine Information Sheet known as a "VIS" that explains the vaccination(s).

Name of Vaccination/VIS: _____

Publication Date of VIS: _____

If you have any further questions about this vaccination, please notify the DJJ facility at the phone number indicated.

Phone number: _____

Person to Contact: _____

In order for us to provide this vaccination, we need your written permission. Please sign your name and date your signature in the space provided and send this form back to us at the address listed above.

- I consent**
- I do not consent**

Parent/Guardian Signature

Date Signed

Name of person at facility who completed this form _____

*Staff: Prior to mailing, list the name of the VIS included with this notification, and the date of the publication of the VIS (located in the lower right hand corner of the VIS).
** Copy of Notification to be filed in Individual Health Care Record.*

