

Meningitis Vaccination Permission Form

If a student is under 18 years of age at time of vaccination, the signature of a parent or guardian is required. Please print and bring the completed form with you to the vaccination clinic.

Student's First Name		Student's Last Name	
Student ID Number (PeopleSoft ID#)		Student's Date of Birth	
<i>I grant permission for UConn Student Health Services clinicians to administer the Meningitis Vaccine to the above name individual.</i>			
Name of parent or guardian (please print): _____			
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian			
Signature of Parent/Guardian			Date

Reminder: Connecticut state law requires meningitis vaccination for all students living in university owned housing.