



**PARENT/GUARDIAN WAIVER
18 YEARS OF AGE**

I HEREBY CERTIFY that I am the parent or guardian of _____
named above, and do hereby give my consent without reservation to the foregoing on
behalf of this individual.

MY CHILD IS 18 YEARS OF AGE.

I DO NOT WANT TO BE PRESENT FOR THE VACCINE ADMINISTRATION.

Parent/Guardian Name: _____

Signature: _____

Date: _____

Please submit all paperwork by September 7, 2021, to Mrs. Priscilla Bilski, high school nurse.



**PARENT/GUARDIAN WAIVER
12-17 YEARS OF AGE**

I HEREBY CERTIFY that I am the parent or guardian of _____
named above, and do hereby give my consent without reservation to the foregoing on
behalf of this individual.

I UNDERSTAND THAT I MUST BE PRESENT FOR THE VACCINE.

**Parent/Guardian
Name:** _____

**Relationship to
Minor:** _____

Signature: _____

Date: _____

Please submit all paperwork by September 7, 2021, to Mrs. Priscilla Bilski, high school nurse.