

Fresno City College  
Health Services  
1101 E. University Ave.  
Fresno, CA 93741



Phone: (559)442-8268  
Fax: (559)499-6050

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I have received the information on the injection and have had time to review it. I have received answers to any questions I may have on this injection.

This is to inform the staff of Fresno City College Health Services that I am the parent/legal guardian of this minor.

I give my consent for this student \_\_\_\_\_ to receive the \_\_\_\_\_ injection.  
*(Student First & Last Name)*

\_\_\_\_\_  
Student ID #

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
Parent/Legal Guardian Name (PRINT)

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date