

Fresno City College Contact Informaiton:

Health Service Phone: 559-442-8268

1101 E. Univeristy Ave. Fax: 559-499-6050

Fresno, CA 93741

FRENSO CITY COLLEGE

HEALTH SERVICES

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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 a parent/legal guardian of this minor.

I give my consent for this student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_to receive the TB injection.



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Parent/Legal Guardian Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Student



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Parent/Legal Guardian Signature Date

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Relationship to Student