

Mature Minor Clarification (for any patient receiving immunization under 18)

This form is valid for one year from date of signature.

By my signature as parent or legal guardian (or patient if a statutory exception is satisfied*), I voluntarily give consent for the receipt of health services, including required immunizations, provided by the staff of the Metro Public Health Department. Under penalty of misrepresentation, I attest that I am the parent/legal guardian of the below named child and have the parental authority to provide written consent for vaccinations as required by Tennessee Code 63.1. Guardianship paperwork must be provided at time of the appointment and a copy will be kept in the patient's chart. Please review and initial below:

_____ I am able to make medical decisions for the patient/my child being seen in clinic today.
(Initial)

_____ I understand the immunizations required for school entry for the patient/my child today*.
Please indicate any exceptions here: _____

_____ I would like the patient/my child to receive the following recommended immunizations today based on age/eligibility: _____

_____ I understand the risk and benefits of each immunization being provided today the patient/my child today.

_____ I have either reviewed the vaccine information sheets (VIS) on the CDC website (<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>) or have been provided with a copy of the VIS information sheets for immunizations received today.

_____ I agree this form will serve as consent for a year from signing date to continue to provide necessary immunizations within the series unless consent is cancelled by parent/guardian.

_____ I do not have any additional questions prior to administration of immunizations today.

Parent/Legal Guardian Printed Name

Relationship to Patient

Patient/Parent/Legal Guardian Signature

Date

Health Department Employee (Signature/Title)

*Per Senate Bill 1111, "Minor" means an individual who has not attained eighteen years of age; and does not include an individual who: i) is emancipated pursuant to title 29, chapter 31; ii) is in need of emergency treatment pursuant to 63-6-111; is or was previously a member of the armed forces of the United States, or a member of a reserve or national guard unit; or is the parent of a minor child and has full custody of that minor child.

**See back of form for immunization requirements for children that attend school in Tennessee.

Immunization requirements for children that attend school in Tennessee

Children enrolling in Kindergarten

- Hepatitis B (HBV)
- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Poliomyelitis (IPV or OPV) - final dose on or after the 4th birthday
- Measles, Mumps, Rubella - 2 doses of each, usually given together as MMR
- Varicella - 2 doses or credible history of disease
- Hepatitis A - total of 2 doses, spaced at least 6 - 18 months apart

All children entering 7th grade (including currently enrolled students)

- Tetanus-diphtheria-pertussis booster (Tdap) - evidence of one Tdap dose given before 7th grade entry (administered at or after age 10) is required regardless of Td history
- [Update to 7th Grade Chickenpox \(Varicella\) Immunization Requirements](#)

Children who are new enrollees in a TN school in grades *other* than Kindergarten

- Diphtheria-Tetanus-Pertussis (DTaP, or DT if appropriate)
- Measles, Mumps, Rubella (2 doses of each, normally given together as MMR)
- Poliomyelitis (IPV or OPV) – final dose on or after the 4th birthday now required
- Varicella (2 doses or credible history of disease) – previously only one dose was required
- Hepatitis B (HBV) – previously only for Kindergarten, 7th grade entry
- New students entering grades other than 7th grade are not required to have Tdap

Full-time Tennessee college students

- Measles, Mumps, Rubella (2 doses of each, normally given together as MMR): if born on or after January 1, 1957 only.
- Varicella (2 doses or credible history of disease): if born on or after January 1, 1980 only.
- Hepatitis B (HBV) – only for health science students expected to have patient contact (before patient contact begins).
- Meningococcal - At a minimum of 1 dose given at 16 years of age or greater if enrolling in public institution for the first time and under 22 years of age and living in on-campus housing; private institutions set their own requirements for this vaccine.