



## Mobile Human Papilloma Virus (HPV) Vaccination Van Forms

There are three places for you to sign to give consent for you and/or your child to receive vaccination(s).

Form Name	Purpose
Consent for Treatment	Signing this form allows your child to receive offered vaccines.
Authorization to Disclose Protected Health Information	<p><b>Children age 17 and under:</b> This form allows the health care team to work with the school. Signing this form allows the healthcare providers, the school nurse, and your child’s main healthcare provider share medical information about your child’s health.</p> <p><b>Adults 18 years and older:</b> This form allows the school to work with the health care team to share your protected health information with your healthcare provider, insurance provider and the Medical University of South Carolina (MUSC).</p>
Consent for Release of Education Records and Information	<p><b>This form allows the school to work with the healthcare team.</b> Signing this form allows the school to share medical and other personal information about you or your child with the healthcare team.</p>

If you have any additional questions, please contact your school nurse or MUSC, Hollings Cancer Center Mobile HPV Vaccination Van:  
Mina Platt, LPN at [plattm@musc.edu](mailto:plattm@musc.edu) or Joan McLauren, Program Coordinator at (843) 876-2452 or [mclauren@musc.edu](mailto:mclauren@musc.edu)