

Perrone Pharmacy, Inc.

FORM 2 INSTRUCTIONS FOR IMMUNIZATION REGISTRY MINOR CONSENT FORM

- A) This form must be filled out in its entirety. Do not leave any blanks.
- B) If information regarding Mother's first name or Mother's maiden name is not available, enter "UNKNOWN".
- C) Please check all race categories which apply to the MINOR. Only check one ethnicity category which applies to the MINOR.
- D) IF a FIRST RESPONDER OR AN IMMEDIATE FAMILY MEMBER OF A FIRST RESPONDER, then check the appropriate box. A FIRST RESPONDER is defined as a public safety employee or volunteer whose duties include rapidly responding to an emergency. AN IMMEDIATE FAMILY MEMBER is defined as a parent, spouse, child or sibling who resides in the same household as a FIRST RESPONDER.
- E) THIS FORM MUST BE SIGNED BY A PARENT OR GUARDIAN OF THE MINOR RECEIVING THE VACCINATION. Please date this form, print full name and sign at the bottom of this form.