

THIS SECTION TO BE COMPLETED BY ALL STUDENTS

Name _____ SS# ____ - ____ - ____ CWID# _____

New Jersey statutes require that all students be informed about meningitis disease, the effectiveness of the vaccines and the availability of immunization. This information can be obtained by accessing www.montclair.edu and accessing the University Health Center website. Vaccine for meningococcal meningitis disease can be obtained through your private health care provider or at the University Health Center. After accessing this information please complete the following questionnaire and submit with immunization documentation:

I have reviewed the information on meningitis and intend to receive the vaccine _____

I have reviewed the information on meningitis and choose to not receive the vaccine _____

I have reviewed the information on meningitis and will receive the vaccine as a requirement for University housing _____

Student Signature

Date

DO NOT DOCUMENT PROOF OF VACCINATION FOR MENINGITIS ON THIS FORM

**THIS SECTION TO BE COMPLETED BY PARENT/GUARDIAN
OF ALL STUDENTS UNDER AGE 18**

Consent for medical treatment for students under age 18:

I hereby authorize the University Health Center at Montclair State University to render any treatment or medical, surgical, or psychological care deemed necessary to the health and safety of _____ and to facilitate ambulance transport to a nearby hospital in the case of a medical emergency.

Date _____

Student Name _____ **Parent/Guardian Name** _____

Student Social Security Number _____ **Student CWID Number** _____

Parent/Guardian Signature _____

Emergency Contact Information:

Name _____ **Relationship** _____

Daytime Telephone _____ **Evening Telephone** _____

Cell Phone Number _____