

## UB Student Health Services

Michael Hall, 3435 Main Street, Buffalo, NY 14214

Phone: 716-829-3316 Fax: 716-829-2564

### MENINGITIS INFORMATION RESPONSE FORM FOR PARENTS/GUARDIANS OF MINORS WHO ARE UB STUDENTS

In accordance with New York State Public Health Law, the University at Buffalo requires that all college and university students **complete and return the following form to the address above.** Registered students may receive this vaccine at their health care provider's office or by making an appointment at UB Student Health Services at 716-829-3316.

**Check one of the two following boxes and sign below.**

- The student has had the meningococcal meningitis immunization within the past 5 years (if the student has received the vaccine, it is required to provide the date received).

**Date received** \_\_\_\_\_

MM/DD/YYYY

- I have read, or have had explained to me, the information regarding meningococcal meningitis disease. I understand the risks of not receiving the vaccine. I have decided that the student will **not** obtain immunization against meningococcal meningitis disease.

Signed \_\_\_\_\_  
(Parent / Guardian if student is a minor)

Date \_\_\_\_\_

Student's name \_\_\_\_\_

Student's \_\_\_\_\_  
Date of Birth

UB Person# \_\_\_\_\_

Phone # \_\_\_\_\_

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The consent section below does not impact your student's ability to register. However, your signature on this section allows Student Health Services to provide medical care to your minor student.

#### **Consent of Parent or Guardian for Treatment of Those Under 18 Years of Age**

To be completed if the student is under 18 years of age at the time of arrival on campus even if student will turn 18 during the academic year.

Signature of Parent/Guardian indicates that UB Student Health Services has permission to treat the student. This includes care & treatment by medical providers at any outside health care facility if deemed necessary by UB Student Health Services.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date