



Fresno City College  
Health Service  
1101 E. University Ave.  
Fresno, CA 93741

Contact Information:  
Phone: 559-442-8268  
Fax: 559-499-6050

FRESNO CITY COLLEGE  
HEALTH SERVICES

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I have received the information on the injection and have had time to review it. I have received answers to any questions I may have on this injection.

This is to inform the staff of Fresno City College-Health Services that I am a parent/legal guardian of this minor. I give my consent for this student \_\_\_\_\_ to receive the \_\_\_\_\_ injection.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Relationship to Student



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