

### E-mail Opt-In Form

I agree to get e-mailed Vaccine Information Statements (VIS) and screening forms from the Cleveland Teen Health Center for my child. If I want my child vaccinated by the health center, I will sign the forms electronically (through DocuSign) or by hand.

Health Center and DocuSign staff can see my name, email address, and the date I signed the forms. After I sign and return the forms, only Health Center staff can open them. I will not email health care questions through DocuSign.

The Health Center strongly suggests that I password-protect my computer and other devices. I will tell the Health Center if my e-mail address changes.

This E-mail Opt-In Form will be part of my child's medical record. To cancel this agreement, call the Health Center at 206-263-2608.

Student Name: \_\_\_\_\_  
(please print)

Parent Name: \_\_\_\_\_  
(please print)

Parent  
Signature: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Date: \_\_\_\_\_