



Authorization to Immunize

Patient Name: _____

Date Of Birth: _____

I _____ am the parent or legal guardian of the child named above, and I have the legal authority to consent to their medical treatment, including immunizations. I have been provided with and have reviewed the Vaccine Information Statement (VIS) for each vaccine being considered for administration today. I understand the benefits and risks associated with each vaccine, including the potential for common side effects such as soreness at the injection site, fever, or fussiness. I also understand that while serious adverse reactions are rare, they can occur. I have had the opportunity to ask questions about the vaccines, and all of my questions have been answered to my satisfaction. I consent to the administration of the vaccine(s) indicated on this form.

This consent form is valid for 1 (one) year of the signed date below.

Guarentor/ Parent Signature: _____

Guarantor/ Parent Print: _____

Date: _____

Witness Signature: _____

Witness Print: _____

Witness Date: _____