PEDIATRIC IMMUNIZATION CONSENT

Instruction:
To completed by the clinician/clinical support staff and signed by the parent/guardian prior to immunization.

1. ____________________________, request and give consent for ____________________________ to receive the following vaccines ordered by ____________________________:

- □ Diphtheria, tetanus, and acellular pertussis vaccine (DTaP)
- □ Inactivated poliovirus vaccine (IPV)
- □ DTaP, inactivated poliovirus and Haemophilus influenzae type B vaccine (Pentax)®
- □ DTaP and inactivated poliovirus vaccine (Kinrix)®
- □ Tetanus, diphtheria, and acellular pertussis vaccine (Tdap)
- □ Hepatitis A vaccine
- □ Hepatitis B vaccine
- □ Human papillomavirus vaccine (HPV)
- □ Influenza (FLU)
- □ Meningococcal conjugate
- □ Measles-Mumps-Rubella (MMR) vaccine
- □ Pneumococcal 13-valent conjugate vaccine (Prevnar 13®)
- □ MMR and Varicella (Chickenpox) vaccines (ProQuad)®
- □ Rotavirus

□ Haemophilus influenzae type B vaccine (Hib)
□ DTaP, hepatitis B and inactivated poliovirus vaccine (Pediatrix)®
□ Meningococcal serogroup B vaccine (Meningitis B)
□ Varicella (Chickenpox) vaccine
□ Pneumococcal 23-valent polysaccharide vaccine (Pneumovax)®

I have read a copy of the CDC Vaccine Information Statements (VIS) published on ______/_____/_______ for each vaccine and have had the opportunity to ask any questions which were answered to my satisfaction. If I prefer to take home copies, I can ask for a copy of the VIS to take with me.

By signing below, I give consent for the above vaccine(s) to be administered.

Parent/Guardian Signature ____________________________ Relationship to Patient ____________________________ Date ______/_____/_______ Time

Staff Signature ____________________________ Print Name ____________________________ Date ______/_____/_______ Time

Interpretation: The information has been presented to the: □ patient □ representative □ decision maker in: ______________.
The person who provided the interpretation is a qualified medical interpreter.

Interpreter Name ____________________________ Language ______________.

Agency and ID# (if applicable) ____________________________ Date ______/_____/_______ Time

Witness Signature ____________________________ Print Name ____________________________ Date ______/_____/_______ Time

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CONSENTS - Pediatric