

CENTRE PEDIATRIC AUTHORIZATION FOR VACCINE ADMINISTRATION

It is the policy of Centre Pediatric Associates, PC; that any child who receives their care at Centre Pediatric Associates, PC, is required to receive all vaccines recommended by the American College of Immunization Practices; American Academy of Pediatrics and the CDC. At each of your child's (children's) well visits the provider will discuss any vaccines to be administered and you will have an opportunity to discuss with your provider. We understand and respect your right to decline these because of personal or religious reasons. However, if you choose to decline these immunizations we may not be able to continue as your child's (children's) pediatricians.

CONSENT TO VACCINATE:

PATIENT'S NAME: _____ DOB: _____ SEX: _____

PARENT'S SIGNATURE: _____

I have read or have had explained to me information about diseases and vaccines. I understand the benefits and risks of vaccines and authorize the administration of vaccines as recommended according to the guidelines provided by the American Academy of Pediatrics, the CDC and Centre Pediatric Associates, PC to the above name patient.

NOTE: For patients transferring their care to us, we require a copy of your vaccine records from your previous healthcare provider before you can be seen in our practice.