



Annual Immunization Consent Form

Patient Name: _____ Patient DOB _____

I understand that it is medically recommended that my child receive immunizations as per the Center for Disease Control (CDC) immunization schedule, and American Academy of Pediatrics guidelines.

I understand that each vaccine will be discussed with me prior to administration. The Vaccine Information Statement for each vaccine will be provided and I will be given the opportunity to ask questions.

The Vaccine Information Sheet(s) (VIS) from the Centers for Disease Control (CDC) explain the vaccine(s) and the disease(s) they prevent. I will have the opportunity to discuss these with my child's medical provider or staff member, who will answer all of my questions regarding the recommended vaccine(s), and the following information:

- The **purpose** of and the need for the required and/or recommended vaccine(s)
- The **risks and benefits** of the required and/or recommended vaccine(s)
- If my child does not receive the vaccine(s), **the consequences** may include:
 - contracting the illness the vaccine should prevent (the outcomes of these illnesses may include one or more of the following: pneumonia, illness requiring hospitalization, death, brain damage, meningitis, seizures, and deafness. Other severe and permanent effects from these vaccine-preventable diseases are possible as well)
 - transmitting the disease to others
 - requiring my child to stay out of child care or school during disease outbreaks
- My child's medical provider, the American Academy of Pediatrics, the American Academy of Family Physicians, and the Centers for Disease Control all strongly recommend that these vaccines be given according to recommendations.

I understand that by signing this form, I give consent for my child to receive required and/or recommended immunizations as per the CDC Immunization Schedule, including the influenza vaccine. ***I will be consulted on each vaccine given prior to administration and I will have the opportunity to decline the vaccination if I choose to do so.*** While I will be given specific information for each immunization, I will not need to sign individual consents for each vaccine. This consent will be renewed each year.

I understand that I may address this issue with my child's doctor or nurse at any time and that I may re-visit decisions on immunization for my child anytime in the future.

I acknowledge that I have read this document in its entirety and fully understand it.

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____

Immunization Consent in the Absence of Parent or Guardian

I understand that this consent covers all routine, required and/or recommended immunizations, unless otherwise specified by me. This includes visits during which my child is not accompanied by a legal guardian. The Vaccine Information Sheet will be provided.

Parent/Guardian Signature _____ Date _____

Witness _____ Date _____