CONSENT FORM/PERMISSION TO CONTACT

During your child's first visit the doctor will discuss medical care and explain the immunization schedule. Parents or legal guardians will need to sign a consent and ***be with their child(ren) for the initial and 1 time only vaccines listed below or they cannot be administered.*** In the event the parent/legal guardian is not present a phone call placed by the doctor to the parent/legal guardian may serve as consent.

INITIAL INJECTION IN ANY OF THE FOLLOWING VACCINE SERIES		**1-TIME ONLY VACCINES (Boosters & Seasonal)**
DtaP, DT	Rotateq	Pneumococcus vaccine
Hibtiter	HPV	Flu
Hepatitis A	Varivax	TdaP
Hepatitis B	Prevnar	Meningococcal vaccine
MMR (measles, mumps, rubella)	Pentacel	
Polio (injection)		

When parent(s) or legal guardian(s) cannot be with a child(ren) for medical services and/or subsequent vaccine administration in a series, the form below must be completed **identifying those individuals you anticipate may be bringing your child(ren) in for services in your absence other than parent or legal guardian(s).**

Patients 18 and older may sign their own consent forms

I am the parent/legal guardian of the following child/children:

_____ DOB _____

_____ DOB _____

_____ DOB _____

_____ DOB _____

I give permission to _____

(Relationship to patient) _____ Phone _____

I give permission to _____

(Relationship to patient) _____ Phone _____

I give permission to _____

(Relationship to patient) _____ Phone _____

to give legal informed consent for any and all medical treatment, subsequent vaccine administration including permission to contact in my absence.

_____ _____ _____

Parent/Legal Guardian Signature Date Phone

This authorization will remain in effect until we are otherwise notified or the child(ren) reaches the age of 18 years.

1-26-17