

Pediatric Immunization Consent Form

Date: _____

Parent/Guardian Name: _____

Child's Full Name: _____

Child's Date of Birth: _____

Immunization Information

Vaccine(s) administered:

- _____
- _____
- _____

Consent Statement

I, the undersigned, am the parent/legal guardian of the above-named child and I hereby give my consent for the immunization(s) indicated above.

By signing this form, I acknowledge that I have been informed about the benefits and risks of the vaccines. I understand that I have the right to ask questions and that those questions have been answered to my satisfaction.

Signature

Parent/Guardian Signature: _____

Date: _____