

# Pediatric Vaccination Consent Form

Date: \_\_\_\_\_

To Whom It May Concern:

I, the undersigned, hereby give my consent for my child:

**Child's Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

to receive the following vaccinations:

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

I understand the benefits and risks associated with these vaccinations and have had the opportunity to ask questions.

Caregiver's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

If you have any questions, please contact:

**Phone Number:** \_\_\_\_\_

Thank you for your cooperation.