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Permission to Vaccinate

Patient's Name:____ D.O.B.:_________________

Date of service:__________________

	Vaccine
	Hepatitis B
	Pentacel (DTaP/HIB/IPV)
	Rotateq (Rotavirus)
	Measles, mumps, rubella (MMR)
	Varivax (chickenpox)
	Hepatitis A
	Quadracel (DTap, Polio)
	Tetanus, Diptheria, acellular Pertussis (TDaP)
	Menactra (Meningococcus ACWY)
	Gardasil (Human Papilloma Virus)
	Trumenba (Meningococcus B)
	Diptheria, Tetanus, acellular Pertussis (DTaP)
	Polio (IPV)
	Haemophilus influenza type B (HIB)
	Prevnar (Pneumococcal conjugate)
	Typhoid
X	Influenza (flu)
	Other:

I have been given access to a copy of the appropriate Centers for Disease Control and Prevention Vaccine Information Statement (VIS) and have read, or have had explained to me, information about the diseases and vaccines listed above. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) cited, and ask that the vaccine(s) listed on this form be given to me or to the person named above (for whom I am authorized to make this request).

____

Parent/Guardian Signature   Date