



Permission to Vaccinate

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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, Diphtheria, acellular Pertussis (TDaP)
	Menactra (Meningococcus ACWY)
	Gardasil (Human Papilloma Virus)
	Trumenba (Meningococcus B)
	Diphtheria, Tetanus, acellular Pertussis (DTaP)
	Polio (IPV)
	<i>Haemophilus influenzae</i> type B (HIB)
	Prevnar (Pneumococcal conjugate)
	Typhoid
	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