

## Consent for Administration of Vaccines

I agree that the person named below will get the vaccine(s) circled below.

I received or was offered a copy of the Vaccine Information Statement(s) (VIS) for the vaccine(s) circled below.

I know the risks of the disease each vaccine prevents.

I know the benefits and risks of the vaccine(s).

I have had a chance to ask questions about each disease, vaccine, and how each vaccine is given.

I know that the person named below will have a vaccine put in their body to prevent the disease this vaccine prevents.

I am an adult who can legally consent for the person named below to get vaccines.

I freely and voluntarily give my permission for the vaccine(s).

VACCINE (VIS publish date)

1. Diphtheria/Tetanus/Pertussis-DTaP (5/17/07)
2. Tetanus/Diphtheria-Td (11/18/08)
3. Tetanus/Diphtheria/Pertussis-Tdap (11/18/08)
4. Haemophilus Influenza type B-HIB (12/16/98)
5. Pneumococcal conjugate-Prevnar (4/16/10)
6. Measles/Mumps/Rubella-MMR (3/13/08)
7. Chickenpox-Varivax (3/13/08)
8. Polio-IPV (1/1/00)
9. Hepatitis A (3/21/06)
10. Hepatitis B (7/18/07)
11. Rotavirus-Rotateq (12/6/10)
12. Meningococcal-Menactra, Menomune (1/28/08)
13. Influenza, inactivated injectable vaccine (annual)
14. Human Papillomavirus-Gardasil (3/30/10)
15. Influenza, nasal vaccine (annual)

Patient: \_\_\_\_\_ DOB: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

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