

Immunization Consent Form  
Bander Family Medical

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

I have been given a copy and have read, or have had explained to me, the information in the “Vaccine Information Sheet” for each vaccine checked below. I have had a chance to ask questions and they were answer to my satisfaction. I understand the benefits and risks for each vaccine requested and ask that the vaccine(s) checked below be given to me or to \_\_\_\_\_, for whom I am authorized to make this request.

- Chickenpox
- Diphtheria, Tetanus & Pertussis (DTP, DTaP, DT)
- Haemophilus Influenzae type B (Hib)
- Hepatitis A
- Hepatitis B
- Human Papillomavirus Vaccine (HPV)
- Inactivated Influenza
- Inactivated Polio (IPV)
- Measles, Mumps & Rubella (MMR)
- Pneumococcal Conjugate
- Pneumococcal Polysaccharide
- Tetanus, Diphtheria (Td) or Tetanus, Diphtheria, Pertussis (Tdap)

Patient/Child’s Last Name: \_\_\_\_\_.

Patient/Child’s First Name: \_\_\_\_\_.

Patient/Child’s DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

Patient/Child’s Gender     Female                       Male

\_\_\_\_\_  
Signature of Patient/Parent/Legal Guardian

\_\_\_\_\_  
Printed Name/Relationship

**Instruction For Completing Form**

A consent must be signed for a patient to receive an immunization. The consent will be sign by the parent/legal guardian or authorized adult.

The parent/guardian or authorized adult should read each appropriate “Vaccine Information Sheet”, have the opportunity to ask questions, and then sign the “Immunization Consent Form”. The type of vaccine to be administered is checked, signature obtained and the document dated and timed. The form is place in the patient medical record.