



VACCINE AUTHORIZATION FORM

I, _____, certify that I was explained on vaccines being administered today based on the "Vaccine Information Statement(s)" (VIS) and understand the benefits and risks (side effects). Although I will not be present, I authorize the clinical staff of My Kid's Pediatrics and Adolescent Care to administer the vaccine(s) listed below to my child.

My Child's Name: _____

Date my child was born: _____

Vaccine(s) to be administered:

	VIS Read and understood	<input type="checkbox"/>
	VIS Read and understood	<input type="checkbox"/>
	VIS Read and understood	<input type="checkbox"/>
	VIS Read and understood	<input type="checkbox"/>
	VIS Read and understood	<input type="checkbox"/>
	VIS Read and understood	<input type="checkbox"/>
	VIS Read and understood	<input type="checkbox"/>

Parent Signature: _____ Date of Authorization _____

****Please see the VIS form for each vaccination in the exam room ****