

Vaccine Information Statement Acknowledgment and Vaccine Consent

As the parent or legal guardian of minor child, _____, I hereby acknowledge my receipt and review of the Vaccine Information Statement (VIS) for the following vaccines:

I (choose one) _____ do or _____ do not give permission for Mercy Pediatric Clinic to administer to the above listed minor child (choose one) _____ all vaccines listed above or _____ only the following vaccines:

I certify that I am the parent or legal guardian of the above-listed minor patient. Further, I hereby give my consent to Mercy Pediatric Clinic and the licensed healthcare professional administering the vaccine, to administer the vaccine(s) as requested above. I understand that it is not possible to predict all possible side effects or complications associate with receiving vaccine(s). I understand the risks and benefits associated with the above vaccine(s) and have received and read the Vaccine Information Statements on the vaccine(s) I have elected for my minor child to receive.

I understand that I have the right to revoke this consent at any time. I can do so by submitting my revocation in writing to Mercy Pediatric Clinic. I understand that my revocation cannot apply to treatment that has already been rendered under this consent.

Name of Minor: _____

Name of Parent/Legal Guardian: _____

Relationship to Minor Child: _____

Signature of Parent/Legal Guardian: _____