

WESTSIDE PEDIATRICS



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VACCINE CONSENT FORM in ABSENCE of PARENT/GUARDIAN

Parent/Guardian Name: _____

Contact #: _____

Child's Name: _____ DOB: _____

I consent to the administration of the following vaccine(s) to be given to my child:

The **Vaccine Information Statement** (VIS) for the above vaccine(s) has been made available to me and may be reviewed at www.cdc.gov/vaccines/hcp/vis/

I have read the contraindications and have discussed any concerns with my healthcare provider and I give permission and written consent to Westside Pediatrics PC to administer the above vaccine(s).

This signed form may be brought in by your child at the time of his/her visit, faxed to: 212 874-9046 or emailed to: email@wppc.pcc.com.

SIGNATURE: _____ Date: _____