

CONSENT FOR IMMUNIZATION

I have been given a copy and have read, or had explained to me, the information in the "Vaccine Information Statement(s)" for the vaccine(s) listed below. I understand the benefits and risks of the vaccine(s) requested and ask that the vaccine(s) listed below be given to me or to the person named below for whom I am authorized to make this request.

Name: _____

Date: _____

Signature of patient, parent, or guardian: X

Relationship: _____