
VACCINE ADMINISTRATION CONSENT

I have read, or have had explained to me, information about the vaccine(s) being administered to me or my dependent today. I have had a chance to ask questions, which were answered to my satisfaction before the administration of said vaccines. I understand the risks associated with any vaccine administration, and also understand the benefits of receiving these vaccines. I authorize Nataloni Pediatrics, P.C. to administer these vaccines to me or my dependent.

Vaccines being received:
(select all that apply)

Rotavirus	MMR	DTaP
Pnuemococcal	Polio	Hib
HPV	Td	Tdap
Chickenpox	HAV	HBV
Meningococcal	Other	

Patient Name

Date of Birth

Parent/Legal Guardian Name

Patient/Legal Guardian Signature: _____

Date: