

Informed Consent for Childhood Vaccination

Child's Full Name:

Child's Date of Birth:

Parent/Guardian's Full Name:

Relationship to Child:

Information Provided

- The benefits and risks of the recommended childhood vaccinations have been explained to me.
- I have been given the opportunity to ask questions and all my questions have been answered to my satisfaction.
- I understand that I may withdraw consent at any time.

Consent

I give my consent for my child to receive the recommended vaccinations.

Signature of Parent/Guardian:

Date:

Submit