

PARKLAND HEALTH & HOSPITAL SYSTEM

Dallas, Texas

**PEDIATRIC VACCINE
CONSENT FORM**



CON130

Place Demographic Label Here
If label not available, please complete manually

MRN: _____ Name (Last, First): _____
DOB: _____ Race: _____
HAR: _____ Sex: _____
CSN: _____ Location: _____

Printed Patient Name _____ Date of Birth _____ Date of Treatment _____

Please circle name of vaccine(s) offered:

MenB, Rotavirus, PCV-13, Pendiatrix, Hib, Pentacel, Hepatitis B, Prevnar, TDAP, HPV, Menactra, Flu, Kinrix, MMRV, DTaP, Polio, MMR, Varicella, TD, DT, Pneumovax-23, Other: _____

Name of Mother (if known) _____ Name of Father (if known) _____

Parent/Legal Representative Initials

Agree:

- I understand that the person named on this form will get each vaccine.
- I received or was offered a copy of the Vaccine Information Statement (VIS) for each vaccine listed.
- I understand the benefits and risks of each vaccine offered.
- I understand the risks of the disease each vaccine prevents.
- I understand that the person listed on this form will have the vaccine(s) put in his/her body to prevent the disease each vaccine prevents.
- I was given the opportunity to ask questions that were answered to my satisfaction about the disease(s) the vaccine(s) prevents, the vaccine(s) and how each vaccine is given to the person named on this form.
- I am an adult who can legally consent for the person named on this form to get the vaccine(s). I freely and voluntarily give my signed permission for each vaccine. If I am not the parent of the minor named on this form, I may consent for the minor because I am the:
 1. Guardian of the minor
 2. Person authorized by another state or a court order to consent for the minor
 3. Grandparent of the minor
 4. Adult brother or sister of the minor
 5. Adult aunt or uncle of the minor
 6. Stepparent of the minor
 7. Educational institution in which the minor is enrolled that has written authorization to consent for the minor from a parent, managing conservator, guardian, or other person authorized by another state or a court order to consent for the minor
 8. Court with jurisdiction over a lawsuit affecting the minor's parent-child relationship
 9. Adult having actual care, control and possession of the minor under order of a juvenile court
 10. Adult having actual care, control and possession of the minor as the minor's primary caregiver

Parent/Legal Representative Initials

Decline: I decline the vaccine(s) offered to the minor today due to religious/cultural beliefs/ conscientious/other exemption.

This form has been fully explained to me. I have read it or have had it read to me. The applicable blank spaces have been filled in. I understand the contents of this consent. If English is not my preferred language, the contents of this consent have been fully interpreted or translated for me and I understand the interpretation/translation. I have sufficient information to give this informed consent.

Parent or Decision-Making Surrogate Signature _____ Parent or Decision-Making Surrogate Printed Name _____ Date _____ Time _____

Relationship to Patient, if applicable _____

Clinical Staff/Provider Signature _____ Clinical Staff/Provider Printed Name _____ ID # _____ Date _____ Time _____

Interpreter Signature, if applicable _____ Interpreter Printed Name _____ ID # _____ Date _____ Time _____

WHITE COPY - Medical Record YELLOW COPY - Patient