

Pediatric Vaccine Consent Form

This **pediatric vaccine consent form** sample is designed to help parents authorize vaccination for their children, ensuring clear communication of risks and benefits. It provides essential information about the vaccines to be administered and captures parental consent efficiently. Using this form promotes informed decision-making and safeguards child health.

Child Information

Child's Full Name:

Date of Birth:

Gender:

Select...

Parent/Guardian Information

Parent/Guardian Name:

Relationship to Child:

Contact Number:

Vaccine Information

Please review the following vaccines to be administered:

DTP (Diphtheria, Tetanus, Pertussis)

Polio (IPV/OPV)

MMR (Measles, Mumps, Rubella)

Hepatitis B

Other:

Consent and Acknowledgement

I, the undersigned, have read and understood the information regarding the recommended vaccines, their benefits, and potential risks. I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

I hereby give consent for my child to receive the vaccines listed above as recommended by the healthcare provider.

I give my consent as stated above.

Parent/Guardian Signature:

Date:

Submit Consent