

PATIENT VACCINE AUTHORIZATION FORM

I am informing Ridgefield Pediatric Associates that I have seen a copy of the Vaccine Information Sheet for the vaccines listed below and give the clinical staff at Ridgefield Pediatric Associates permission to administer this vaccine without his/her parent/guardian being present.

Patient: _____

DOB: _____

Date Authorization Given _____

Vaccine to be administered:

- _____ **VIS Read**
- _____ **VIS Read**
- _____ **VIS Read**
- _____ **VIS Read**
- _____ **VIS Read**
- _____ **VIS Read**

Parent Signature: _____

Please attach the VIS Sheet to this form when you bring it to the office.