

Plainsboro Pediatrics

666 Plainsboro Pediatrics, Suite 516
Plainsboro, NJ 08558

Vaccine Authorization Form

I hereby authorize Plainsboro Pediatrics to administer immunizations to my child according to the schedule set forth by the American Academy of Pediatrics. The staff (doctor or medical assistant) will provide information regarding each immunization, including risks and benefits. The Parent/Guardian will have the opportunity to ask questions and discuss the administration of vaccines to my child. If there is an immunization which the Parent/Guardian does not wish their child to receive then a Refusal To Vaccinate Form will be signed for that particular vaccine.

I have been informed that Plainsboro Pediatrics' Vaccination Policy is available on the practice website.

Patient Name

Date of birth

Parent/Guardian name

Relationship to patient

Signature

Date