BENNETT PEDIATRICS, LLC
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Clermont, FL 34711-6532
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VACCINE ADMINISTRATION CONSENT

Name of Patient: _______________________________
Date of Birth: _________________________________

The doctor will keep this record in your medical file or your child's medical file. They will record what vaccine was given, when the vaccine was given, the name of the company that made the vaccine, the vaccine lot number and the signature and title of the person who gave the vaccine.

"I have been provided with a copy of the appropriate Centers for Disease Control and Prevention Vaccine Information Sheet(s) and have read or have had the information explained to me about the diseases and the vaccines listed below. I have had a chance to ask questions that answered to my satisfaction. I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named above (for whom I am authorized to make this request)."

One or more of the following vaccines may be given at the age appropriate time:

- Prevnar
- Tetanus, diphtheria and acellular Pertussis (TdaP)
- Diphtheria, Tetanus, acellular Pertussis and Inactivated Polio Vaccine (Pediarix)
- Diphtheria, Tetanus, acellular Pertussis (DTaP)
- Diphtheria, Tetanus, acellular Pertussis and HiB titer (Pentacel)
- Haemophilus Influenzae B titer (HiB)
- Measles, Mumps, Rubella (MMR)
- Measles, Mumps, Rubella and Varicella Vaccine (MMRV or ProQuad)
- Rotavirus oral vaccine
- Hepatitis B Vaccine
- Inactivated Polio Vaccine (IPV)
- Varicella Vaccine (Varivax)
- Meningococcal Vaccine (Menactra or Menveo)
- Human Papilloma Virus Vaccine (Gardasil)

Signature of Person to receive the vaccine or person authorized to make this request (Parent or Guardian)
____ Date: ____________________

13-1222-000-0G01