VACCINE CONSENT FORM

CHILD'S INFORMATION

Child's First Name

Child's Last Name

Child's Date of Birth (*MM/DD/YYYY*)

Age

Child is: ☐ Male ☐ Female ☐ Non-Binary ☐ Prefer Not to Say

Home Address

Zip Code

Parent/Guardian Email

Parent/Guardian Phone #

Mothers' Maiden Name

★ Mother's maiden name is used to help identify child in vaccine registry.

CHILD'S RACE OR ETHNICITY (Choose all that apply)

☐ Asian ☐ Black or African American ☐ White ☐ Other Race ☐ Hispanic or Latino

☐ Native American/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander

MEDICAL QUESTIONS - YOU MUST ANSWER EVERY QUESTION

		YES	NO
1	Does your child have any allergies to medications, food, a vaccine component, or latex?	☐	☐
2	Has your child had a serious reaction to a vaccine in the past?	☐	☐
3	Has your child had brain or other nervous system problems? Or immunocompromised?	☐	☐
4	For females: Is your child pregnant or is there a chance she will become pregnant in the next month?	☐	☐
5	Is the child sick today?	☐	☐
6	Has the child had any vaccines in the last 4 weeks? If yes, which vaccine(s)_____	☐	☐

SIGNATURE AND CONSENT

When I (parent/guardian) sign my name, it means these things:

- I give permission for the child listed above to receive the following vaccinations (check all that apply):
  - ☐ Tdap (Boostrix)
  - ☐ HPV (Gardasil)
  - ☐ Varicella (Varivax)
  - ☐ Meningococcal (Menveo)
  - ☐ MMRV (Proquad)
  - ☐ DTaP + Polio (Kinrix)
  - ☐ Other_____
- I have read or had explained to me the current Vaccine Information Statements (VIS) and understand the benefits and risks of the vaccines.
- I have read or received a copy of the AndersonRx Notice of Privacy Practices

Parent/guardian sign here **(REQUIRED)**

Printed Name **(REQUIRED)**

Date **(REQUIRED)**

Your relationship to child:

☐ Mother ☐ Father ☐ Legal Guardian

☐ Other: **STOP** – See vaccinator

AndersonRx Privacy Practices: *Your health information is confidential and is protected by law. It is our responsibility to protect this information as required by law and to provide you with a Notice of Privacy Practices. You may find a complete copy at www.andersonrxpharmacy.com or ask for a copy from AndersonRx.*

The California Immunization Registry (CAIR2) *is a confidential and secure computer system run by the CA DEPARTMENT OF PUBLIC HEALTH that makes vaccination information available to healthcare providers, including local pediatric providers. AndersonRx will put information about your child's vaccination into CAIR2 as required by CA law AB1797. To learn more about CAIR2 go to https://cair.cdph.ca.gov*

☐ *Check this box if you* ***DO NOT*** *want your child's vaccination data to be shared with healthcare providers.*