



## Advance Vaccine Consent

In accordance with Tennessee Code Annotated 63-1, my signature below indicates that I consent for Kids Kare Pediatrics and its staff to provide vaccination(s) for my child/children.

I attest that I am the parent or legal guardian of the following child/children:

_____	_____
_____	_____
_____	_____

I consent for (please check one)

All vaccines recommended for my child by the AAP (American Academy of Pediatrics)

All vaccines recommended by the AAP, **EXCEPT** for

\_\_\_\_\_

**ONLY** the following vaccine(s):

\_\_\_\_\_

I understand that I can review the vaccine information sheets (VIS) for these vaccines by using this QR code



Or by going to <https://www.immunize.org/vis/>

I understand that having my signature on file with Kids Kare Pediatrics means that non-parent, non-legal guardian caregivers that bring my child to vaccination appointments, do not need to provide formal consent for vaccines. My written consent as a parent/guardian is adequate for vaccination.

This consent automatically expires one year from the date of my signature.

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

Kids Kare Pediatrics witness: \_\_\_\_\_