



Parent/Legal Guardian Vaccine Consent Form

Child's Name: _____ Date of Birth: _____

Parent/Legal Guardian's Name: _____

 Relationship to Child: biological parent adoptive parent *(need documentation)* legal guardian *(need documentation)*
**please note the following individuals may NOT consent for vaccines: stepparent, foster parent, DCS, grandparent*

***Parent/Legal Guardian should initial by each vaccine/vaccine series for which you give consent below**

Vaccine	Birth to 11 Months	12 Months to 24 Months	4 Years to 5 Years	11 Years to 12 Years	Adolescents
Influenza	<input type="checkbox"/>				
SARS COVID-19	<input type="checkbox"/>				
Hepatitis B (HepB)	<input type="checkbox"/>				
Rotavirus (RV)	<input type="checkbox"/>				
Diphtheria, Tetanus, Acellular Pertussis (DTaP)	<input type="checkbox"/>				
Haemophilus Influenzae Type B (HIB)	<input type="checkbox"/>				
Pneumococcal conjugate (PCV13/PCV15)	<input type="checkbox"/>				
Inactivated Poliovirus (IPV)	<input type="checkbox"/>		<input type="checkbox"/>		
Measles, Mumps, Rubella (MMR)		<input type="checkbox"/>			
Varicella (VAR)		<input type="checkbox"/>			
Hepatitis A (HepA)		<input type="checkbox"/>			
Human Papillomavirus (HPV)				<input type="checkbox"/>	
Meningococcal ACWY (MenA,C,W,Y)				<input type="checkbox"/>	
Meningococcal B (MenB)					<input type="checkbox"/>
Tetanus, Diphtheria, Acellular Pertussis (Tdap)				<input type="checkbox"/>	
Other:	<input type="checkbox"/>				

 Vaccines recommended out of age range due to catch-up schedule

I have read and understand the vaccine information sheets for the vaccinations listed above. I have had the opportunity to ask questions about the vaccines. All my questions have been answered. By signing below, I give my informed consent for my child to receive the vaccines listed. Consent will be valid unless and until it is revoked in writing. **Under penalty of misrepresentation, I attest that I am the parent/legal guardian of the above-named child. I attest that I have parental authority to provide written consent for vaccination as required by Tennessee Public Chapter No. 477 (2023).**

Parent/Legal Guardian Signature: _____ Date: _____