

**TENNESSEE PEDIATRICS  
VACCINE ADMINISTRATION CONSENT**

Today's Date: \_\_\_\_\_ Patient Name & Date of Birth: \_\_\_\_\_

Parent or Legal Guardian name: \_\_\_\_\_

Relationship to patient: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN VERIFICATION AND CONSENT

**I understand the above-named child may receive the Vaccinations Listed below in the future. I have either read the Vaccine Information Statement provided to me, or a Tennessee Pediatrics Provider has explained to me the information regarding the vaccines my child will be receiving. I have had a chance to ask questions and they have been answered to my satisfaction. I understand the risks and benefits of these vaccines and I request for them to be administered to the child, for whom I am authorized to make this request. I authorize \_\_\_\_\_ to bring the child to receive the vaccines listed below.**

Vaccine/Manufacturer	Parent/Legal Guardian Initial
DTaP, Hepatitis B, Polio/GSK	
Hib/Merck	
Pneumococcal (PCV)/Pfizer	
Rotavirus/GSK	
MMR (Measles, Mumps, Rubella)/GSK	
MMRV (Measles, Mumps, Rubella, Varicella/Merck)	
Hepatitis A/GSK	
Hepatitis B/GSK	
DTaP/GSK	
Polio/Merck	
DTaP, Polio/GSK	
Varicella/Merck	
Tdap Booster/GSK	
Meningococcal A,C,Y/GSK	
HPV/Merck	
Meningococcal B/GSK	
Influenza/GSK	
COVID 19/Pfizer	
RSV/Sanofi	

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