

Facey Medical Group

With  Providence

Immunization Consent Form

Facey Medical Group follows national immunization guidelines set by the American Academy of Pediatrics (AAP), the Centers for Disease Control (CDC) and the Immunization Action Coalition (IAC). Your child will be immunized at established intervals throughout their infancy and childhood.

I /We authorize Facey Medical Group to give immunizations in accordance with the scheduling guidelines of the aforementioned organizations.

Child's Name

Date of Birth

Parent/Legal Representative's Name

Parent/Legal Representative's Signature

Date

Patient Name:	Medical Record #:
Patient's Date of Birth:	Patient's Phone Number:
Doctor's Name:	Clinic Location & Phone #:
Appointment Date:	
Insurance Coverage:	
Insurance Benefits/Co-Pay:	

SCAN under Consent*