



### Advance Vaccine Consent

In accordance with law HB1380/SB111 (amendment of Tennessee Code Annotated 63.1), my signature below indicates that I consent for Peerless Pediatrics and its staff to provide vaccinations for my children.

I attest under penalty of misrepresentation that I am the parent or legal guardian of the following child/children: (Name/DOB)

\_\_\_\_\_

\_\_\_\_\_

I consent for (check one)

- All vaccines that are recommended for my child by the AAP and ACIP. Peerless Pediatrics will not administer vaccines that are not recommended by the American Academy of Pediatrics (AAP) and the Advisory Committee on Immunization Practices (ACIP).
- All vaccines recommended for my child by the AAP and ACIP, except for:  
\_\_\_\_\_
- Only the following vaccine(s):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that I can review the vaccine information sheet (VIS) for these vaccines by viewing this at <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

I understand that having my signature on file with Peerless Pediatrics in this way means that any non-parent, non-legal-guardian caregivers who bring my child to vaccination appointments need not 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.

\_\_\_\_\_

Signature of Parent or Legal Guardian

Date

Peerless Pediatrics staff member: \_\_\_\_\_