

Vaccine Designee Form

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This form allows parent(s) to designate another adult (for example, a grandparent or other relative) to sign for vaccinations received if parent(s) are not present at their child's routine physical exam.

Child's Name: _____

Child's Date of Birth: _____

Name of Adult Designee: _____

Relationship to Patient: _____

The above named person (designee: an adult into whose care for the minor patient has been temporarily entrusted) has my permission to sign for any vaccinations that my child may need as part of a well-child visit or a scheduled shot-update visit. I understand that this permission does NOT apply to ONE-TIME-ONLY vaccinations, or to the FIRST vaccine in any vaccine series (for example, the first polio vaccine at the 2 month visit). I understand that no vaccine will be given unless:

- ▶ I have previously accompanied my child for the first dose of the same vaccine(s);
- ▶ I have been given a copy of and had the opportunity to review the vaccine information sheet (VIS) for the vaccine at a previous visit;
- ▶ I have had the opportunity to discuss the risks and benefits of the vaccine with my child's Physician previously.

Parent/Guardian Signature: _____

Parent/Guardian Name: _____

Date: _____