

**PATIENT VACCINE AUTHORIZATION FORM**

**I am informing Candlewood Valley Pediatrics that I have seen a copy of the Vaccine Information Sheet for the vaccines listed below and give the clinical staff at Candlewood Valley Pediatrics permission to administer this vaccine without his/her parent/guardian being present.**

**Patient:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Date Authorization Given** \_\_\_\_\_

**Vaccine to be administered:**

- \_\_\_\_\_  **VIS Read**
- \_\_\_\_\_  **VIS Read**
- \_\_\_\_\_  **VIS Read**
- \_\_\_\_\_  **VIS Read**
- \_\_\_\_\_  **VIS Read**
- \_\_\_\_\_  **VIS Read**

**Parent Signature:** \_\_\_\_\_

**Please attach the VIS Sheet to this form when you bring it to the office.**