

As a new patient at Candlewood Valley Pediatrics, I agree to the following:

My child will be a full-time, permanent patient. I understand that CVP does not serve as an urgent care for non-established patients, so I agree that my child will come to CVP for all of their checkups as recommended by the American Academy of Pediatrics.

I have received and agree to comply with CVP's Vaccine Policy, and my child will be up to date with vaccines at the following ages: 2 years, 6 years, and 13 years.

Before I can make any appointments for my child, CVP must receive a copy of this contract and a signed Medical Records Release form that contains the name and fax number of my child's previous provider.

I understand that I will not be able to schedule a checkup visit until CVP has received, at minimum, my child's vaccine record, last checkup, and growth chart.

I understand that CVP requires that I maintain an active credit card in my child's file. CVP will not use that card without my permission.

When I call to make my first appointment, I will have my insurance information on hand.

\_\_\_\_\_  
Signature of Responsible Party

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Responsible Party

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Name of child(ren)

\_\_\_\_\_  
(additional children)