

Advance Vaccine Consent

In accordance with [Tennessee Code Annotated 63-1](#), my signature below indicates that I consent for Firefly Pediatrics PLC 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:

I consent for (check one)

all vaccines recommended for my child by the AAP and ACIP
Firefly Pediatrics will not administer vaccines that are not fully 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 sheets (VIS) for these vaccines by viewing this QR code



or by going to <https://www.immunize.org/vis/>.

I understand that having my signature on file with Firefly Pediatrics in this way means that 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

Firefly Pediatrics staff member: _____