



Address: 5410 114<sup>th</sup> St, Lubbock, TX, 79424  
Phone: (806) 853-5233  
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- We firmly believe in the effectiveness of vaccines to prevent serious illness and to save lives.
- We firmly believe in the safety of vaccines.
- We firmly believe that all children and young adults should receive all of the recommended vaccines according to the schedule published by the [American Academy of Pediatrics \(AAP\)](#).
- We firmly believe, based on all available literature, evidence, and current studies, that vaccines do not cause autism or other developmental disabilities.
- We firmly believe that thimerosal, a preservative that has been in vaccines for decades and remains in some vaccines, does not cause autism or other developmental disabilities. Currently, our clinic does not provide any vaccines containing thimerosal.
- We firmly believe that vaccinating children and young adults may be the single most important health promoting intervention we perform as health care providers, and that you can support as parents/caregivers.

The recommended vaccines and the schedule of administration are the results of years and years of scientific study and data-gathering on millions of children by thousands of our brightest scientists and physicians.

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. We are more than willing to discuss any questions or concerns you may have about vaccines, **but do require all new patients to our practice to adhere to the vaccination schedule endorsed by the [American Academy of Pediatrics \(AAP\)](#).** We will make exceptions for the flu vaccine, HPV, and RSV on a case by case basis. At this time we do not offer the Covid vaccine in clinic.

By signing this consent, you acknowledge that our practice follows the vaccination schedule recommended by the American Academy of Pediatrics (AAP), and we expect all new patients to adhere to these guidelines.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

Please specify relationship to minor:

- Parent with legal custody
- Guardian with legal custody