# Advance Vaccine Consent

In accordance with Tennessee Code Annotated 63-1, my signature below indicates that I consent for Plateau 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
*Plateau 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 Plateau 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

Plateau Pediatrics staff member: _____