



Advance Vaccine Consent

In accordance with **Tennessee HB1380**, my signature below indicates that I consent for Rainbow Kids Clinic and its staff to provide vaccinations for my child/children.

I attest under penalty of misrepresentation that I am the parent or legal guardian of the following child/children:

Name and Date of Birth

Name and Date of Birth

Name and Date of Birth

Name and Date of Birth

Note: per our vaccine policy, only the influenza (starting at 6 months of age) and HPV (starting at age 11 but may be given as early as age 9) vaccine(s) may be declined unless medically necessary to do so. We highly recommend receiving these though.

(We do not require or administer the COVID-19 vaccine at our clinic.)

I consent for (check one):

_____ All vaccines recommended for my child by the AAP and ACIP.

_____ All vaccines recommended for my child by the AAP and ACIP except for:

_____ Influenza

_____ HPV

I understand the risks and benefits for my child receiving vaccinations and 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 Rainbow Kids Clinic in this way means that a non-parent/legal guardian who brings my child to vaccination appointments need not provide formal consent for vaccines. My written consent as a parent/guardian is adequate for vaccination.

Parent/Legal Guardian Name

Parent/Legal Guardian Name

Parent/Legal Guardian Signature

Parent/Legal Guardian Signature

This consent automatically expires one year from signature date.

Signed Date: _____

RKC Staff Member: _____

Date: _____