

IMMUNIZATION CONSENT

Premier Pediatrics of Sumter, LLC

380 W Wesmark Blvd, Bldg B, Sumter, SC 29150

Office: (803) 607-9430 Fax: (803) 607-9431

Here at Premier Pediatrics we adhere to the American Academy of Pediatrics and Center for Disease Control/ACIP guidelines for the immunization of all children at the appropriate ages/intervals recommended in those guidelines.

Our aim is to achieve the optimal level of health for your child along with all the other children we serve. Due to this firm commitment this practice requires all children receive the appropriate immunizations when they are due. If this is something you cannot commit to, we will not be able to render health care to your child.

By signing this agreement, you are joining us in working for a healthy future for your child.

I _____ agree to consent to the vaccination of
(Parent's Signature)

_____ as per the AAP/CDC ACIP vaccination
(Child's Name)

guidelines followed by Premier Pediatrics of Sumter.