

# VACCINE ADMINISTRATION CONSENT FORM

I, \_\_\_\_\_, the parent/legal guardian authorize Periscope Pediatrics LLC to administer any immunizations to my child as recommended by the American Academy of Pediatrics and the Arizona Department of Health Services, Epidemiology and Disease Control Division.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
DOB:

\_\_\_\_\_  
Parent/ Legal Guardian Signature

\_\_\_\_\_  
Date