



Boerne Pediatrics follows the AAP guidelines for recommended immunizations. Your child will receive the appropriate immunizations as scheduled as part of their Well Child Check-up. From Birth to age 18 you child will receive the following vaccines.

(Diphtheria Tetanus & Pertussis (DTaP)
(Hib)Haemophilus influenzae type b
IPV (Inactivated Polio Vaccine)
Pneumococcal Conjugate Vaccine
Rotateq (Rotavirus)
Hepatitis B
MMR (Measles Mumps Rubella)
Varicella (Chickenpox)
Hepatitis A Vaccine
Meningococcal Vaccine
Diphtheria Tetanus & Pertussis (Tdap) Adolescent dose

1. I agree that my child will receive the age appropriate vaccine.
2. I received or was offered a copy of the Vaccine Information Statement for the Vaccines listed
3. I know the risks of the disease this vaccine prevents.
4. I know the benefits and risks of the vaccine.
5. I have had a chance to ask questions about the disease.
6. I know that my child will have a vaccine put in his/her body to prevent the disease this vaccine prevents.
7. I consent to the administration of this vaccine and at each vaccine encounter will be asked to give verbal consent.

Date : _____

Patient's Name: _____ DOB: _____

Parent or Guardian Signature: _____