



Practice Limited to Infants, Children, & Adolescents

9290 SE Sunnybrook Blvd., #200, Clackamas, OR 97015 Ph:(503) 659-1694
5050 NE Hoyt St., #B55, Portland, Oregon 97213 Ph:(503) 233-5393
16144 SE Happy Valley Town Ctr. Dr., #210, Happy Valley, OR 97086 Ph:(503) 427-2637
19260 SW 65th Ave., #275, Tualatin, OR 97062 Ph:(503) 691-2519
**Central Fax (503) 659-8984 Patient Accounts Ph:(503) 427-2118

VACCINE AUTORIZATION FORM

I certify that I have read the "Vaccine Information Statement(s)" (VIS) for vaccines being administered today and have reviewed and understand the side effects. Although I will not be present, I authorize the clinical staff of Clackamas & Oregon Pediatrics to administer the vaccine(s) listed below to my child.

My Child's Name: _____

Date my child was born: _____

Vaccine(s) to be administered:

- Five horizontal lines for vaccine names, each with a checkbox and the text 'VIS Read and understood' to its right.

Parent Signature: _____ Date of Authorization _____

Please attach the VIS to this form for the appointment