

Adolescent-Young Adult Medicine

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PARENT CONSENT FORM FOR IMMUNIZATIONS

Please return this form to us well in advance of the check-up visit by mail, email or fax. If you have any questions after reading our materials and consulting the recommended websites, please call us *at least several days* prior to the visit. We would prefer to devote all of the check-up time to your child's visit and not to lengthy discussion about these immunizations. Thank you so much!

I give consent for my child(ren) _____ to receive the following immunizations at their up-coming visit **if they are due to receive them.**

Start the two-dose series of **Hepatitis A vaccine.**

Signed: _____

Date: _____

Start the three-dose series of the **HPV vaccine, Gardasil.**
(Specify which child or children.)

Signed: _____

Date: _____

Give the second booster dose of **varicella (chickenpox)** vaccine.

Signed: _____

Date: _____

Give the **Tdap** vaccine if not already received.

Signed: _____

Date: _____

Give the **Menactra** vaccine if not already received, or booster after 5 years.

Signed: _____

Date: _____

Give **Bexsero or Trumenba** (Meningitis B vaccine), if indicated.

Signed: _____

Date: _____

Give the **Pneumococcal** vaccine, if indicated.

Signed: _____

Date: _____

Give injectable **Flu vaccine** (in the fall.)
(You may request Flu-Mist, if you prefer)

Signed: _____

Date: _____

Give the following **travel shots** for the specified destination.

Signed: _____

Destination: _____

Date: _____

Specify Shots: _____