



**WHOLISTIC PEDIATRICS
& FAMILY CARE**

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STATEMENT OF FLORIDA VACCINE RIGHTS AND INFORMED CONSENT

- I. I understand that vaccines are given to protect both the individual and the general population against catching and spreading certain serious infectious diseases. I recognize that reactions to vaccines sometimes do occur. The way that vaccines are given shall conform to recognized standards of medical practice in accordance with U.S. Department of Health and Human Services, Public Health Service's Recommendations of the Advisory Committee on Immunization Practices (ACIP), and the latest Report of the Committee of Infectious Diseases of the American Academy of Pediatrics (Red Book).
- II. I have a right to delay any vaccine until I feel that I am capable of making an informed decision and have been able to assess the benefits, risks, and alternatives. I am aware that prior to school/daycare entry that vaccines are not mandatory.
- III. To exercise my right of informed consent, I may use all resources available to me to become more fully informed about vaccine contents, effectiveness, safety, and possible side effects.
- IV. The Vaccine Information Statement (VIS) must be provided to me before the administration of any vaccine, but I may ask for a copy of any of the VIS at any time before the vaccine appointment date, so that I may have time to review and understand the content. I also may ask to review the vaccine package insert(s) to get more information about the particular vaccine(s), its content(s), effectiveness, contraindications and possible side effects.
- V. At any time after a vaccine is administered, I may request a copy of the Vaccine Administration Record (healthcare providers are required to note the edition date of the VIS given to the patient, the date the VIS was given, the name, address and title of the individual who administers the vaccine, the date it was administered, and the vaccine manufacturer and lot number of the vaccine used) from my child's physician, to be provided within a reasonable amount of time.
- VI. For school or daycare enrollment, one may be exempt from vaccination for medical or religious (HRS FORM 681) reasons, as stated in Florida Statute 1003.22. Without a legal exemption, I understand that one must have begun a vaccine administration schedule in order to attend daycare or school.

- VII. At any time after a vaccine is administered, I may file a VAERS incident report for vaccine reactions, with or without a physician's approval or signature. I may also review VAERS reported adverse events/surveillance data at: <http://vaers.hhs.gov/>
- VIII. As long as vaccines have been administered in accordance with the guidelines put forth by the CDC and FDA, and the physician has not compromised the rights stated above, by making this informed decision I do not hold the health care provider liable for any potential negative outcome, whether it is from the giving or withholding of any or all vaccines.

Patient Name:

Patient Signature:

Date:

Parent Signature (If Applicable):

Date:

Parent Signature (If Applicable):

Date:
