

**ADA PEDIATRICS
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IMMUNIZATION CONSENT FORM

CHILD'S NAME _____

DATE OF BIRTH _____

ADDRESS _____

CITY _____ **ZIP CODE** _____

PHONE _____

MOTHER'S MAIDEN NAME _____

PARENT'S NAMES _____

I have read or had explained to me the information in the vaccine information sheet about the disease(s) and the vaccine(s) to prevent them. I have had a chance to ask questions that were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) and ask that the vaccine(s) indicated be given to me or the person named above for whom I am authorized to make this request.

SIGNATURE _____ **DATE** _____

RELATIONSHIP TO PATIENT _____

Information Reminder Information Systems (IRIS) is a voluntary program. I understand that the child listed above will have vaccines automatically recorded in Idaho's immunization registry (IRIS) unless I choose to "opt-out". The "opt-out" forms are available at www.immunizeidaho.com

_____ Initial