



Authorization of Health Information and Immunization Administration Authorization

I, parent(s) of _____ authorize Premiere Pediatrics to release any medical record information to the following persons, and also allow them to make decisions as to whether or not my child may need to receive an immunization.

Name:

Relationship:

I, parent(s) of _____ request that Premiere Pediatrics **deny** my child's medical record to the following persons:

Name:

Relationship:

IMMUNIZATION AUTHORIZATION

I have read or have had explained to me the information about the diseases and the vaccines offered. I have had a chance to ask questions and such questions were answered to my satisfaction. I understand the risks and benefits for the vaccines offered and request administration of these vaccines to the above name child, for whom I am authorized to make this request. I understand that any additional information regarding immunizations can be provided to me at any time.

Signature: _____ Relationship: _____ Date: _____
Staff Witness: _____ Date: _____



Yo padre de _____ authorize a Premiere Pediatrics darle informacion medica a:

Nombre:

Relacion:

Yo padre de _____ le niego la autorisacion a Premiere Pediatrics darle informacion medica a:

Nombre:

Relacion:

He leído o he tenido explicado a mí la información sobre las enfermedades y las vacunas ofrecidas. He tenido una ocasión de hacer preguntas y tales preguntas fueron contestadas a mi satisfacción. Entiendo los riesgos y las ventajas para las vacunas ofrecidas y solicito la administración de estas vacunas al niño conocido antedicho, para quien me autorizan a hacer esta petición. Entiendo que cualquier información adicional con respecto a inmunizaciones se puede proporcionarme en cualquier momento.