

ESD PEDIATRIC GROUP

Refusal to Vaccinate Acknowledgement

ESD Pediatric Group respects parents’ choice for all medical decisions as a matter of policy. This stance should not be confused with the overwhelming evidence that vaccine recommendations help to keep children and families safe from preventable diseases.

Vaccination may be the number one most successful and important public health advances in our lifetime. ESD Pediatric Group strongly recommends vaccinating per prevailing recommendations. Not vaccinating your child puts your child, your family and others who may come in contact with your child at risk for diseases which may have serious consequences including death. While nothing in life can be considered 100% safe, including vaccines, there is clear scientific evidence about the tremendous success of vaccinating (as evidenced by the drastic drop in associated diseases), that the risks of not vaccinating are still higher than the risks of vaccinating.

ESD Pediatric Group follows the recommendations of the American Academy of Pediatrics and the Centers for Disease Control (CDC).

By signing this document, I acknowledge that I have read it in its entirety and understand it fully. I also understand and I have been given opportunity to discuss the following:

* The purpose and the need for the recommended vaccines.
* The risks and benefits of the recommended vaccines.
* The fact that not vaccinating puts my child and those who may come in contact with my child at risk for contracting the illnesses that those vaccines are designed to prevent.
* My child should avoid public places including daycare and schools during known outbreaks.
* The consequences of vaccine preventable diseases include, but are not limited to: certain types of cancer, pneumonia, meningitis, brain damage, paralysis, seizures, deafness and death.
* I know that I can find the ESD Pediatric Group schedule of vaccines on their website at [www.esdpeds.com](http://www.esdpeds.com).
* I may change my mind on vaccination at any time.
* I have either been given or have had the opportunity to receive the CDC VIS (Centers for Disease Control Vaccine Information Sheets) for the vaccines that have been recommended for my child.

Despite knowing these facts, I have chosen to decline some or all recommended vaccines or follow an alternative schedule. I take responsibility for any consequences that may occur secondary to this decision and hold ESD Pediatric Group harmless as they have made clear their recommendations regarding vaccination.

Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Provider’s Initials: \_\_\_\_\_\_\_\_\_\_\_

***EFFECTIVE DATE: March 1, 2015***