



**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, that the risks of not vaccinating are significantly higher than the risks of vaccinating.

ESD Pediatric Group follows the recommendations of the American Academy of Pediatrics. As a practice, the group believes in shared decision making for all medical choices. Given the recent rise in nonadherence to these recommendations in the United States, ESD Pediatric Group recommends continuous reevaluation of vaccine choice with relation to the prevailing and changing risk factors.

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 the 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.
- 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: _____