



## DELTA PEDIATRICS

### VACCINE ADMINISTRATION CONSENT FORM

I \_\_\_\_\_ authorize Delta Pediatrics  
(Please Print)

to administer any immunizations as recommended by the Academy of Pediatrics and Georgia  
Department of Health Services Immunization Branch to my child

\_\_\_\_\_  
(Please Print Child's Name)

Signature of Parent/Legal Guardian:

\_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_