3641 California Street
San Francisco, CA 94118
(415)668-0888
(415)752-5391 – fax

61 Camino Alto, Suite 107
Mill Valley, CA 94941
(415)388-6303
(415)388-7136 - fax

Golden Gate Pediatrics
A Medical Corporation

Vaccine Administration Permission

If your child is going to be coming in to the office to receive immunization(s) and a parent or legal guardian isn't going to be present, please check the appropriate box(es) below, sign, and give to your child to bring to the office at the time of administration.

Thank You!

I give permission for my child to receive the following vaccines from Golden Gate Pediatrics:

☐ DTaP(diphtheria, tetanus & pertussis)	☐ DTaP-IPV/Hib	☐ Meningococcal
☐ IPV (polio)	☐ DTaP-IPV	☐ Meningococcal B
☐ MMR (measles, mumps, rubella)	☐ Varicella (chickenpox)	☐ MMRV
☐ Hepatitis A	☐ Hepatitis B	☐ Pneumococcal
☐ Rotavirus	☐ Typhoid	☐ HPV (Human Papillomavirus)
☐ HIB (haemophilus influenzae type b)	☐ Tdap (tetanus, diphtheria, & pertussis)	☐ PPD (tuberculosis test)

Child's Name _____ Date of Birth _____

Parent's Signature _____ Date _____