



Vaccination Approval Form

I _____, the parent of _____,
(Parent/Legal Guardian name) (Patient Name)

DOB: _____ authorize Noah's Ark Pediatrics and their medical staff to administer all the required and recommended immunization(s) to my child. I also authorize Noah's Ark Pediatrics to keep my signature on file for future vaccinations.

Acknowledgement of Receipt of Notice of Privacy Practices

Initial

Noah's Ark Pediatrics is required to provide you with a copy of its Notice of Privacy Practices stating how it may use and/or disclose your health information. This form acknowledges receipt of this notice. The most recent version of this notice is posted in the waiting room area.

I understand that I can request an additional written copy of this Notice at any time. I understand that I have the following rights and privileges:

- The right to review the notice prior to signing this consent, and
- The right to request restrictions as to how my health information may be used or disclosed.

Initial

I have had an opportunity to receive and review the Notice of Privacy Practices of Noah's Ark Pediatrics.

Consent for Medical Treatment

Initial

I hereby give consent for medical treatment of my children who are minors (Please list all children):

Initial

I grant my permission for treatment at Noah's Ark Pediatrics, by a licensed physician, licensed nurse practitioner, and/or designees, including such personnel as the physician may deem necessary. I am aware that the practice of medicine is not an exact science and that no guarantees can be made concerning the results of treatment.

Consent to bring Minor for Evaluation/Treatment

Initial

I am giving permission for the following adults to bring my child for treatment: *

Printed name of parent or guardian

Signature of parent or guardian

Date

***The person bringing the minor to the appointment must provide us with a valid photo I.D**