

## Scissortail Pediatrics

Crystal Sparling, MD, MPH

Ashley Yates, MD

### Vaccination Policy Agreement

Child's Name \_\_\_\_\_

I, \_\_\_\_\_, understand that I must vaccinate my child according to the attached schedule provided by Dr. Ashley Yates and Dr. Crystal Sparling unless a medical condition requires otherwise. I understand that this is a private practice and the providers can choose to deny care to my child if I do not follow the attached schedule.

I understand that my child will receive vaccines according to the attached schedule which is in accordance with the recommendations of the American Academy of Pediatrics and the Centers for Disease Control and Prevention unless a medical condition requires early or delayed vaccination. If my child is new to the practice, I agree to continue vaccinating according to the CDC schedule or according to the recommended catch-up schedule appropriate for my child's age. Dr. Yates and Dr. Sparling may be willing to make adjustments to the attached schedule provided that each vaccine is given within the age range recommended by the CDC. Dr. Yates and Dr. Sparling reserve the right to approve or deny alterations to the attached vaccine schedule. I understand that I am responsible for any additional fees associated with alternate vaccine schedules.

I understand that if I choose to not vaccinate my child at all, or choose to completely eliminate any vaccine from the schedule, my provider can refuse to provide services to my child. I also understand that there are vaccine information statements on file in the office for patient education, and I have the right to request and obtain said documents if I so desire.

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_