FOCUS PEDIATRICS
WHERE THE FOCUS IS ON YOU
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Consent to vaccination: medical vaccine waiver and financial responsibility acknowledgement

Patient name: _____ Patient DOB: _____

At Focus Pediatrics, we take every step to ensure the safe handling and administration of vaccines. When a vaccine is drawn up in preparation for administration based on a parent or guardian's verbal or written consent, the dose is no longer usable for another patient and must be discarded if not administered.

By signing this form, you acknowledge and agree to the following:

1. **Consent and Preparation:** You have given consent for your child to receive a vaccine, and based on this consent, the vaccine has been drawn up and prepared for administration.

2. **Refusal After Preparation:** If you choose to decline the vaccine after it has been drawn up, the vaccine cannot be returned, reused, or reallocated.

3. **Financial Responsibility:** You agree to be financially responsible for any costs incurred due to the preparation of the vaccine, even if it is ultimately not administered.

4. **Non-Refundable Charge:** The cost of the prepared but unused vaccine will be billed to you and is non-refundable. This may not be covered by your insurance provider.

Please contact our office if you have any questions about this policy prior to consenting to vaccination.

Signature: _____ Full name: _____

Date: _____ Patient relationship: _____