

I give CONSENT to Conejo Children's Medical Group and its staff to administer vaccines and/or therapeutic injections listed below:

Date	Patient
ProQuad	Measles,Mumps,Rubella,Varicella
Hep B	Hepatitis B
Pentacel	Dtap,Hib,IPV
Hib	H. Influenza type B
PCV-13	Pneumococcal 13
Hep A	Hepatitis A
Rotateq	Rotavirus
MMR	Measles,Mumps,Rubella
Varivax	Varicella
IPV	Inactivated Polio
Dtap	Diptheria,Tetanus,Pertussis
MCV-4	Meningococcal 4
Quadracel	Dtap, IPV
Tdap	Tetanus,Diptheria,Pertussis
HPV-9	Human Papilloma Virus
Men B	Meningococcal B
Flu	Influenza Annual Vaccine
Flumist	Intranasal Influenza Annual Vaccine
PPD	Tuberculosis Test
Therapeutic Injection	

My child **DOES NOT** have

- Fever
- Illness
- Anaphylaxis to egg
- Known exposure to COVID19

and I give consent

Signature _____
Parent/Guardian/Patient

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