



Vaccinations are important for children and the community. Refusing to vaccinate leaves not only your child at risk, but puts children who are too young to be vaccinated and persons medically unable to be immunized at risk. It is for these reasons that we only see patients who vaccinate according to the schedule recommended by the American Academy of Pediatrics (AAP) and the Centers for Disease Control (CDC). We do not follow alternative schedules such as leaving certain vaccines out, delaying vaccines, or splitting vaccines up to give one or two at a time. Doing these things goes against expert recommendations, and can put your child at risk for serious illness (or even death) from preventable diseases. We recognize that the choice to vaccinate may be a very emotional one for some parents. We are here to answer your questions should you have any concerns. However, if you ultimately decide that you do not wish to follow this schedule for your child, we will have to ask you to find another provider who shares your views.

Vaccine Schedule

Newborn	Hepatitis B #1
1 month	Hepatitis B #2
2 months	Pentacel #1 (DTaP, Hib, Polio), Pneumococcal #1, Rotavirus #1
4 months	Pentacel #2 (DTaP, Hib, Polio), Pneumococcal #2, Rotavirus #2
6 months	Pentacel #3 (DTaP, Hib, Polio), Pneumococcal #3, Rotavirus #3
9 months	Hepatitis B #3
12 months	Varicella #1, Pneumococcal #4
15 months	MMR #1
18 months	DTaP #4, Hib #4
2 years	Hepatitis A #1
2½ years	Hepatitis A #2
3 years	Hearing & Vision Screening (yearly)
4 years	MMR #2, Varicella #2
5 years	DTaP #5, Polio #4
11 years	Tdap, Meningitis #1
12 years	HPV series (optional but strongly recommended)
16 years	Meningitis #2

Schedule is subject to change based on recommendations by the AAP and CDC

Parental Consent:

I have received the Vaccine Information Statements for the vaccines listed above. I have had the opportunity to discuss any questions or concerns I may have. I understand the risks and benefits of these vaccines and wish to have my child(ren) vaccinated according to Palatine Pediatrics' schedule. I understand that if at any time I should wish to follow an alternative schedule for my child(ren) I will be asked to seek medical care from another physician.

Printed Name of Parent/Guardian: _____

Parent/Guardian's Signature: _____

Date: _____