



VACCINE COMPLIANCE FORM

I, _____, hereby acknowledge and agree to the vaccine compliance policy of Westside Pediatric Clinic, PC. I understand that by choosing Westside Pediatric Clinic as my child's healthcare provider, I commit to ensuring that my child receives the recommended vaccinations according to the schedule provided by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC).

I understand that vaccines are a critical component of preventive healthcare and play a vital role in protecting my child from serious and potentially life-threatening diseases. I agree to adhere to the recommended vaccination schedule and understand that failure to do so may impact the ability of Westside Pediatric Clinic to continue providing care for my child.

I acknowledge that I have received information about the recommended vaccines, their benefits, and potential risks. I have had the opportunity to discuss any concerns or questions with the healthcare team at Westside Pediatric Clinic.

Parent / Guardian Signature: _____ **Date:** _____