



Office Immunization Policy

We recommend following the American Academy of Pediatrics' recommendations for the immunization of children. Vaccines protect children and their families and friends from dangerous, life threatening illnesses. Each vaccine has been thoroughly studied, approved and recommended by the FDA and Center for Disease Control. We recommend the following websites to assist you as you learn about the benefits of vaccination for your child/children: aap.org, d.gov and www.chop.edu. We do not recommend delaying or refusing these vaccines. The state of Florida also has required vaccines for daycare/preschool/school entry. Our office policy is:

1. Vaccines required by the state of Florida for daycare/preschool/school entry must be started by age 4 months.
2. Vaccines required by the state of Florida for daycare/preschool/school entry must be complete by age 24 months (2 years old) with the exception of the 4 year old and 5 year old vaccines which must be completed by those ages and the 7th grade vaccines which must be completed prior to 7th grade entry.
 - If you cannot comply with #1 and #2 above, we will regretfully ask you to seek medical care with another physician whose philosophy meets your needs better.
3. We understand that there are times when a caregiver changes his/her minds after consenting to a vaccine. Unfortunately, vaccines are costly. Vaccine companies do not write-off our cost for discarded vaccines so we must ask you to pay for these vaccines if they must be discarded. If a vaccine has been consented by a physician, nurse practitioner, physician assistant or nurse and the patient and/or caregiver changes his/her mind:
 - If the vaccine has not been drawn up, the order will be canceled.
 - If the vaccine has been drawn up, the nurses at Carithers Pediatric Group will make every effort to utilize that vaccine for another patient following all guidelines regarding safe storage and handling.
 - If that vaccine is unable to be used, the patient will be responsible to pay for the unused, discarded vaccines. The cost of that vaccine will be shared with the patient prior to checking out.

By signing my name below, I certify that I have read and understand the above policy. I understand I am responsible for charges related to any unused vaccines that I have previously consented for.

Child's Name

Child's Date of Birth

Caregiver Name

Caregiver Signature Date