

# BLACK HILLS PEDIATRICS, LLP

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## VACCINE CONSENT

Patient Name (Last, First, MI)

Date of Birth (mm/dd/yyyy)

Vaccines provided at Black Hills Pediatrics, LLP, include the following:

DTaP (diphtheria, tetanus, and pertussis)

Hepatitis A

Hepatitis B

HIB (Haemophilus influenza type B)

HPV (human papillomavirus)

Influenza

IPV (polio)

Meningococcus

Meningococcus B

MMR (measles, mumps, and rubella)

Pneumococcus

PPD (a test for tuberculosis)

Rotavirus

Td (tetanus and diphtheria)

Tdap (tetanus, diphtheria, and pertussis)

Varicella (chickenpox)

*I have been provided with a copy and have read or had explained to me information about the diseases and the vaccines listed above. I had a chance to ask questions which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccines cited and ask that the vaccine(s) listed above be given to me or the person named above (for whom I am authorized to make this request).*

Signature of Parent/Guardian

Date

The South Dakota Immunization Information System (SDIIS) is an automated system to document vaccinations given in South Dakota. SDIIS provides parents with access to their child's immunization record from any participating South Dakota provider. SDIIS also allows providers to send reminder notices regarding needed immunizations, helping to keep your child on schedule with age-appropriate vaccines. Participating South Dakota healthcare providers, healthcare facilities, pharmacies, federal and state agencies, welfare agencies, schools, universities, and family day care facilities may have access to your child's state record. SDIIS provides a complete immunization record for agencies that require proof of immunization status such as Head Start, licensed day care facilities, schools, and places of employment. It also helps clinics locate your child's record if you change providers.

**Under SDCL 34-22-12.5, immunization records are confidential, and any person who fails to protect the confidentiality of the information is guilty of a Class 1 misdemeanor.**

**REFUSAL TO RELEASE INFORMATION:** I have read or had explained to me the South Dakota Immunization Information System (SDIIS). I understand the benefits of allowing my child's immunization record to be shared with other primary care providers and public health officials. However, I choose **NOT** to have my child's immunization record shared with other providers.

Signature (parent or legal guardian if minor): \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed with parent by: \_\_\_\_\_ Date: \_\_\_\_\_

*It is recommended that this be part of the patient's medical record and kept indefinitely.*

Revised 02/20/2017