



Andrea V. Hill, MD

517 Great Oaks Drive

Suite 103

Monroe, Georgia 30655

Phone: 770-207-7916

www.monroepediatrics.net

VACCINE CONSENT

In order to become a patient at Monroe Pediatrics, I agree that my child will be given/administered the appropriate vaccines that are required by the State of Georgia.

If vaccines are refused for my child, I understand that my child will no longer be under the care of Monroe Pediatrics and should seek medical care elsewhere.

Name of patient

Patient DOB

Printed Name and Signature of Parent