

**SUGARLOAF PEDIATRICS**  
**3525 SUGARLOAF PARKWAY**  
**LAWRENCEVILLE, GA 30044**  
**678 377 1113 -678 377 9390 (Fax)**

**Consent for Vaccinations**

I am willing to give my child, ----- all the  
Vaccinations that are required by the American Academy of Pediatrics and CDC

Please check here to agree-----

-----

Signature of parent / Guardian of a minor

-----

Date