



Date: _____

Consent for Early MMR Vaccine and Acknowledgment

Patient Information

Name: _____ Date of Birth: _____

The measles, mumps, rubella (MMR) vaccine is typically given in a 2-dose series. The first dose is routinely given between 12-15 months of age, and the second dose is given on or after the 4th birthday or before the child enters kindergarten.

If a child receives an MMR vaccine prior to 12 months of age, they will need to have 2 more doses after their first birthday to be fully immunized or up to date.

Insurance coverage for vaccines that do not conform to the standard schedule may not be available, so you may be billed for the vaccine and administration costs.

I have read and understand the information above. I have read and understand the vaccine information sheet for the MMR vaccine. I understand the purpose, risks, and benefits of the vaccine. I have had the opportunity to ask my healthcare provider about the vaccine. All my questions have been answered. By signing below, I give my informed consent for my child to receive the vaccine listed. **Under penalty of misrepresentation, I attest that I am the parent/legal guardian of the above-named child. I attest that I have authority to provide informed consent for vaccination as required by Tennessee Public Chapter No. 477. I understand I can revoke this at any time.**

By signing below, I also acknowledge:

1. I have requested that my child receive the MMR vaccine at a time it is not routinely given.
2. If the first dose is given before the 12 month birthday, my child will require 2 additional doses of MMR vaccine according to the standard schedule.
3. I understand I may be responsible for payment in full of the vaccine and administration costs if my insurance company declines payment of the claim.

Parent/Legal Guardian Signature: _____ Date/Time: _____

Parent/Legal Guardian Printed Name: _____

Witness Signature: _____ Date/Time: _____

Interpreter used Lanugage: _____