WILDFLOWER PEDIATRICS VACCINE POLICY

Patient Name:	DOB:
At Wildflower Pediatrics, we are a pro- choosing to become our patient, you ar our vaccine policy. We strictly follow recommended by the American Acader not offer alternative or delayed vaccine that the COVID, FLU, and GARDASII	-vaccine clinic. By e agreeing to adhere to the vaccination schedule my of Pediatrics and do e schedules. Please note
and not required. Kindly sign below to	acknowledge and agree
to this policy.	
Parent Name: (please print)	
Parent Signature:	
Date:	