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Steven Goldberg, M.D. Janel Lloyd, M.D. Curtis Johnson, M.D.

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I, _____, Guardian/Parent of _____
(print Patient name), with a Date of Birth of _____, hereby give my
consent for treatment and vaccine administration for Patient as recommended by the
physicians at Catalina Pediatrics, P.C.

I understand that by signing this consent that it does not mean the Patient will receive vaccines
today, as they may be received later in subsequent visits, at which time I will receive vaccine
counseling and be asked to verbally consent to treatment before any vaccine is administered. In
addition, I will be given a Vaccine Information Statement (VIS) for any/all vaccines received.
The VIS will be provided on the patient portal the same day of the visit, or one will be provided
to me in person at my request.

Parent/Guardian Signature

Date

Printed Name of Signer

Relationship to Patient