



VACCINE POLICY

We require that all our children and young adults receive all of the recommended vaccines according to the schedule published by the Centers for Disease Control and Prevention and the American Academy of Pediatrics. **Any required vaccines missed during a check-up must be made up within 30 days to remain a patient of ours.**

We firmly believe in the effectiveness of vaccines to prevent serious illness and save lives.

We firmly believe that vaccines are safe. All available literature, evidence, and current studies indicate that vaccines do not cause autism or other developmental disabilities.

We firmly believe that vaccinating children and young adults may be the single most important health-promoting intervention we perform as healthcare providers, and that you can perform as parents/caregivers. The recommended vaccines and the vaccine schedule are the results of years and years of scientific study and data gathering on millions of children by thousands of our brightest scientists and physicians. We pride ourselves on providing only the highest quality care for your child and do this by following many of the American Academy of Pediatrics clinical guidelines and other trusted sources for evidenced-based clinical outcome information.

Finally, if you should absolutely refuse to vaccinate your child despite all our efforts, we will ask you to find another healthcare provider who shares your views. We do not keep a list of such providers, nor would we recommend any such physician. Please recognize that by not vaccinating, you are putting your child at unnecessary risk for life-threatening illness and disability, and even death.

If you have questions or concerns about this policy or vaccines safety we are more than happy to schedule time with a provider (free of charge) to discuss your questions in greater detail.

I, _____ have read and understood Springtime Pediatrics' policy regarding vaccinations. I understand that Springtime will not continue to treat my child(ren) should I refuse the Physician's vaccination recommendations.

Parent or Guardian Name: _____

Parent or Guardian Signature: _____ Date