

Responsibility For Vaccination

I herewith acknowledge that I _____
(name of health care provider) have recommended or administered
(name of the vaccine) _____
to (name of the recipient) _____.

I have read the scientific literature available on this vaccine
(vaccines), I have assured the patient or parent the product is safe,
and I am aware Federal legislation protects vaccine manufacturers
from legal action in the event of a serious complication.

To demonstrate my faith in the safety of this product, I herewith
accept full financial and legal responsibility for any harm or
complication that results from the administration of this product.

Date: _____

Name of person who recommend or administers the vaccine:

Print name: _____ Signature: _____

Witnessed:

Print name: _____ Signature: _____

Print name : _____ Signature: _____