

# PLEASE READ POLICY AND SIGN

## NOTICE TO PATIENTS AND PARENTS:

Buckingham Pediatrics supports and endorses the administration of immunizations as recommended by the American Academy of Pediatrics (AAP).

The Practice does understand that some parents choose not to immunize their children or to have vaccines administered on an alternative schedule. Buckingham Pediatrics will work with families in these situations.

However, if a family chooses not to immunize their children (or not immunize their child/children against certain diseases), the parent/guardian of that child **MUST sign an AAP "Refusal to Vaccinate"** form which will be placed in the child's medical chart. If a parent is unwilling to sign this form, the child **MAY NOT** be a patient at Buckingham Pediatrics.

I have read, understand and will comply with above listed Buckingham Pediatrics Policy.

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**Print Name**

**PLEASE LIST ALL PATIENTS (CHILDREN)**

**1.**

**2 .**

**3.**

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**Parent/Guardian Signature**

**4.**

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**Date**