Santa Clarita Pediatrics
23823 Valencia Blvd, #120
Valencia, CA 91354

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Sunanda Vadapalli, MD, Inc, FAAP
Morris Yen, MD, Inc,FAAP
Brian Alessi, MD
Michelle Grino Campana, MD
Luke C. Peters, MD

I,_____, the parent/guardian of patient

_____, DOB _____

agree to vaccinate my child on the schedule recommended by the AAP, CDC and

Santa Clarita Pediatrics.

I understand that if I want an alternate schedule, it will be a schedule provided by

Santa Clarita Pediatrics that must be followed.

I understand that failure to adhere to either of these schedules may result in

dismissal from Santa Clarita Pediatrics.

_____ _____ _____

Parent/Guardian name Parent/Guardian signature Date