

Athens Pediatrics, PLLC
Patient Registration

Child 1- Last Name: _____ First Name: _____ MI: _____

DOB: _____ Sex assigned at Birth _____ Gender Identity _____ SS # _____

Primary Language: _____ Ethnicity: Hispanic / Non-Hispanic/Unknown-

Race: Asian/Black/White/Hawaiian/ Decline to answer/Other

Child 2- Last Name: _____ First Name: _____ MI: _____

DOB: _____ Sex assigned at Birth _____ Gender Identity _____ SS # _____

Primary Language: _____ Ethnicity: Hispanic / Non-Hispanic/Unknown-

Race: Asian/Black/White/Hawaiian/ Decline to answer/Other

Child 3- Last Name: _____ First Name: _____ MI: _____

DOB: _____ Sex assigned at Birth _____ Gender Identity _____ SS # _____

Primary Language: _____ Ethnicity: Hispanic / Non-Hispanic/Unknown-

Race: Asian/Black/White/Hawaiian/ Decline to answer/Other

Mailing Address: _____

Street or PO Box _____ City _____ State & Zip _____
Primary Phone Number _____ Primary Contact E-Mail _____

Parent/Guardian #1: _____ Relationship to Child _____

Address _____

DOB: _____ SS# _____ Employer: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent/Guardian #2: _____ Relationship to Child _____

Address _____

DOB: _____ SS# _____ Employer: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

If you are a legal guardian, please provide the office with the custody papers. Do parents have privileges? Y/N

Mother's Name: _____ Father's Name: _____

INSURANCE:

Primary Insurance Carrier _____ ID# _____ Group# _____

Policy Holder's Name: _____ DOB: _____ Sex: M / F Relationship: _____

Secondary Insurance Carrier _____ ID# _____ Group# _____

Policy Holder's Name: _____ DOB: _____ Sex: M / F Relationship: _____

OVER →

Please bring the insurance cards with you at each visit. If your child has TennCare and any other kind of insurance, we MUST file the other insurance first. Failure to provide this information could lead to you being responsible for all charges.

Co-pays are due at the time of services, and are the responsibility of the person bringing the child in for the visit.

If parents are divorced or separated, please fill out this section:

Who has custody? _____ Who should receive the billing statements? _____

Are there any legal restrictions that would restrict the non-custodial parent from consenting to medical treatment for the child/children or from obtaining information about the child's medical treatment? If yes, please explain and provide a copy of any legal paperwork that supports this restriction?

Emergency Contacts, other than parents:

Do these contacts have permission to bring child/children in for medical treatment?

1. _____ Phone: _____ Relationship _____ Yes / No

2. _____ Phone: _____ Relationship _____ Yes / No

3. _____ Phone: _____ Relationship _____ Yes / No

I give all providers and staff at Athens Pediatrics, PLLC, permission to diagnose and treat my child/children.

I have read Athens Pediatrics, PLLC financial policy and understand that I am responsible for any charges incurred at Athens Pediatrics, PLLC.

I have received a copy of Athens Pediatrics, PLLC HIPAA policy. We are required by law to protect the privacy of your information. If you have any questions, please contact the HIPAA officer or office manager.

Print Name: _____ Signature: _____ Date: _____

If you are a new patient, how did you hear about us? (Circle one)-

Family/Friend referral Yellow Pages Internet search Billboards Newspaper Other _____

Thank you for choosing Athens Pediatrics, PLLC.

Initial History Questionnaire

Name _____

ID NUMBER _____

FORM COMPLETED BY _____

DATE COMPLETED _____

BIRTH DATE _____

AGE _____

M F

Household

Please list all those living in the child's home.

Name	Relationship to child	Birth date	Health problems

Are there siblings not listed? If so, please list their names and ages and where they live. _____

If mother and father are not living together or if child does not live with parents, what is the child's custody status? _____

If one or both parents are not living in the home, how often does he/she see the parent/parents not in the home? _____

Birth History

Birth weight _____

Was the baby born at term? _____ Early? _____ Late? _____

If early, how many weeks' gestation? _____

Did mother have any illness or problem with her pregnancy?
 Yes No Explain _____

During pregnancy, did mother
 Smoke Yes No Drink alcohol Yes No
 Use drugs or medications Yes No
 What _____ When _____

Was the delivery Vaginal? Cesarean?

If cesarean, why? _____

Did your baby have any problems right after birth?
 Yes No Explain _____

Was initial feeding Breast? Bottle?

Did your baby go home with mother from the hospital?
 Yes No Explain _____

General

- Do you consider your child to be in good health? Yes No Explain _____
- Does your child have any serious illness or medical condition? Yes No Explain _____
- Has your child had serious injuries or accidents? Yes No Explain _____
- Has your child had any surgery? Yes No Explain _____
- Has your child ever been hospitalized? Yes No Explain _____
- Is your child allergic to any medicines or drugs? Yes No Explain _____

Development

- Are you concerned about your child's physical development? Yes No Explain _____
- Are you concerned about your child's mental or emotional development? Yes No Explain _____
- Are you concerned about your child's attention span? Yes No Explain _____
- If your child is in school:
 How is his/her behavior in school? _____
 Has he/she failed or repeated a grade in school? _____
 How is he/she doing in academic subjects? _____
 Is he/she in special or resource classes? _____

Family History

Have any family members had the following:

Deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Nasal allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Asthma	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Tuberculosis	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Heart disease (before 50 years old)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
High blood pressure (before 50 years old)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
High cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Anemia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Bleeding disorder	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Liver disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Kidney disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Diabetes (before 50 years old)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Bed-wetting (after 10 years old)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Epilepsy or convulsions	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Alcohol abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Drug abuse	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Mental illness	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Mental retardation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Immune problems, HIV, or AIDS	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Who _____	Comments _____
Additional family history _____				

Past History

Does your child have, or has he/she ever had:

Chickenpox	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When _____
Frequent ear infections	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Problems with ears or hearing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Nasal allergies	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Problems with eyes or vision	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Asthma, bronchitis, bronchiolitis, or pneumonia	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Any heart problem or heart murmur	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Anemia or bleeding problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Blood transfusion	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Frequent abdominal pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Constipation requiring doctor visits	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Bladder or kidney infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Bed-wetting (after 5 years old)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
(For girls) Has she started her menstrual periods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	When _____
(For girls) Are there problems with her periods?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Any chronic or recurrent skin problem (acne, eczema, etc)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Frequent headaches	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Convulsions or other neurologic problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Thyroid or other endocrine problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Any other significant problem	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____
Use of alcohol or drugs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Explain _____



ATHENS PEDIATRICS, PLLC

Melanie Long, FNP
Joy Asbury, FNP
Kathryn Klopfenstein, MD
Rachel Worley, MD, FAAP

111 Epperson Street
Athens, TN 37303

423 745-5955
Fax 423 745-6423

Thank you for choosing Athens Pediatrics, PLLC for your child's care. We welcome the opportunity to build a lasting relationship with you and your family. As a new patient, we would like to share some information about what to expect during your visit. Please feel free to contact our office at 423-745-5955 should you have any questions prior to your visit.

Our office is open Monday-Friday, 8:45 am to 5:00pm. If you have a sick child, please call as early as possible.

Bring the child's insurance card to each visit.

If your child is sick after normal business hours, please call 423-745-5955 and you will be connected with our after-hours triage service. Please listen to the prompts to be connected. This service is for urgent medical advice only. Refills, general questions and appointment changes need to be addressed during normal business hours.

A Well Child or a Physical is a visit for a child who is well. This is a time to follow up on normal growth, check things like hearing, vision and blood pressure, make sure development is on track and get a full head-to-toe examination.

With a Sick Visit, the provider limits the visit to the problem(s) that brought the child to the office. We cannot do a well visit or shots during a sick visit.

If the provider finds a problem with your child during a well check or physical, the provider, if time allows, will address the complaint of illness at the time of the well visit. Please be aware that there will be an additional insurance charge for problems addressed at the well child check.

Attached are copies of our HIPAA Privacy Policy, Financial Policy, Vaccination Policy, No show and Behavior Policy. Please read these carefully and let us know if you have any questions about any of these policies.

Athens Pediatrics, PLLC Financial Policy

Athens Pediatrics, PLLC appreciates that you have chosen our office for pediatric care of your child. We work very hard to provide the very best medical care for you and your family. The financial aspects of the medical field can be complex. There are many different types of insurance contracts. It is important that you understand your insurance contract and our financial policies as well.

Newborns

Newborn babies need to be added to your insurance plan within 30 days of birth to ensure coverage. We understand that it takes time to get added to the plan and receive an insurance card. We will collect applicable co-pays, co-insurance or deductible amounts without an insurance card for four weeks after your baby is born.

If you have not received your insurance card within a week before the appointment, please call your insurance company and ask them to send the card immediately. If we do not have insurance information, your account will be treated as a self-pay account by our office and the applicable amount will be collected.

Bring your card to every visit

We do require you to have your insurance card at every visit. Prior to being seen you will be asked to review the child's information and make applicable changes. We will make a copy of your most current insurance card.

Co-pays

Most insurance contracts require us to collect the co-pay at each visit, we will collect this co-pay before your child sees a provider. When you are finished with your visit you do not have to stop back at the front desk unless you need to make another appointment or you have questions. Please beware that if we see your child for an office visit (ADD, sore throat, earache, etc.) during a well visit, a co-pay or deductible can be applied. There is a \$25.00 return check fee, if a check is returned to us.

Deductibles

Many deductible plans cover well child care in full and for those plans no payment is collected at the time of service.

Filing claims

For your convenience we will file your claims for you when all the correct information is received as long as our providers are contracted with your health care insurance. Once your claim has been filed to your insurance company, claims are usually paid in 30 days. Our office will make every attempt to collect payment from your insurance, but if all attempts fail we will rely on you to contact your insurance company to get claims paid in a timely manner. If claims get past 90 days old you may be asked to pay claim and when insurance pays you will be sent a refund.

Outstanding balances

All patient balances are due in full when billed. If you ever feel the amount does not reflect the amount you owe, please contact our office. We will be happy to review the invoice with you and answer your questions. If you have overpaid for some reason we will issue a refund. Please contact the office and a refund will be issued. If no payment is made within 90 days the account may be turned over to a collection agency.

Additional charges

It is our primary goal to provide the best health care for your children. In order to do this, we provide a variety of services in our office. These services include lab tests, procedures and surveys. Some of these services have additional charges associated with them. Most are recognized by insurance companies. Patients may be required to pay additional amounts for these services depending on the type of insurance plan you have and your coverage.

Billing questions

We are happy to help you with any billing questions. Please keep in mind there are some questions we will not be able to answer. Questions about if or why something is covered or not can only be answered by your insurance company. Feel free to call us and we will answer the questions we can and direct you to your insurance company if your question is one we cannot answer. Again, we look forward to working with you and your children!

Notice of Personal Health Information Practices

Effective July 1, 2011

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION.

PLEASE REVIEW IT CAREFULLY.

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our rules this notice explains your rights. It also explains our legal duties and privacy practices.

We are required by federal law to give you this notice.

We reserve the right to revise or amend our notice of privacy practices without additional notice to you. Any revision or amendment to this notice will be effective for all of your records our practices has created or maintained in the past, and for any of your records we may create or maintain in the future.

This notice becomes effective July, 1 2011 and amends our previous form of notice. No amendment relates to any substantive right of Athens Pediatrics patient or any duty of Athens Pediatrics. If you have any questions about the Notice of Personal Health Information Practices, please contact Athens Pediatrics at 423-745-5955.

Treatment- Your health information may be used by staff members or disclosed to other healthcare professionals for the purpose of evaluating your health, diagnosing a medical condition, and providing treatment. For example, results of laboratory test and procedures will be available in your medical record to all health professionals who may provide treatment or who may be consulted by staff members.

Payment- Your health information may be used to seek payment from your health plan, from other source of coverage such as an automobile insurer, or from credit card companies that you may use to pay for services. For example, your health plan may request and receive information on dates of service, the services provide, and the medical condition being treated.

Health Care Operations- Your health information may be used as necessary to support to the day-to-day activities and management of Athens Pediatrics. For example, information on the services you received may be used to support budgeting and financial reporting and activates to evaluate and promote quality.

Law Enforcement- Your health information may be disclosed to law enforcement agencies, without your permission, to support government audits and inspections, to facilitate law enforcement investigations, and to comply with government mandated reporting.

Public Health Reporting- Your health information may be disclosed to public health agencies as required by law. For example, we are required to report certain communicable diseases to the state's public health department.

Health Oversight Activities- We may disclose medical information to a health oversight agency, such as the Department of Health and Human Services, for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These actives are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Family Members- We may release medical information, including mental health information, about you to a family member who is involved in your medical care without consent or authorization if the individual's involvement is related to sure information. We may also give medical information, including prescription information or information concerning your appointments, to friends who are involved in your care. We may also give such information to someone who helps pay for your care. In addition, we may disclose medical information about you to an entity assisting in a disaster relief effort so that your family can be notified about your condition, status and location.

Business Associates- We have contracted with other entities to provide services to Athens Pediatrics. When these "associates" require your personal health information in order to accomplish tasks asked of them by Athens Pediatrics it will be provided to them. Examples of business associates are billing services, collection agency, answering service, insurance services, transcription service, and computer software/ hardware provider.

Research/Teaching/Training- Your personal health information may be used for the purpose of research, teaching and/or training.

Appointment Reminders- Your health information will be used by our staff to send appointment reminders to you.

Workers Compensation- We may release medical information about you for workers' compensation or similar programs without consent or authorization. These programs provide benefits for work- related injuries or illnesses. For example, if you are injured on the job, we may release information regarding that specific injury.

Marketing- Your health information may be used to send you information on the treatment and management of your medical condition that you may find to be interest. We may also send you information describing other health-related goods and services that we believe may interest you. In addition, your name and address may be used to send you a newsletter about our practice and the services we offer. You may contact our office to request that these materials not be sent to you.

Other uses and disclosures require your authorization- disclosure of your health information or its use of any purpose other than those listed above requires your specific written authorization. If you change your mind after authorizing a use or disclosure of your information you may submit a written revocation of the authorization. However, your decision to revoke the authorization will not affect or undo any use or disclosure of information that occurred before you notified us or your decision.

Individual Rights

You have certain rights under federal privacy standards, these include:

- The right to request restrictions on the use and disclosure of your protected health information.
- The right to receive confidential communications concerning your medical condition and treatment.
- The right to inspect and copy your protected health information.
- The right to amend or submit corrections to your protected health information.
- The right to receive an accounting of how and to whom your protected health information has been disclosed.
- The right to receive a printed copy of this notice.

Athens Pediatrics' Duties- We are required by law to maintain the privacy of your protected health information and to provide you with this notice of privacy practices. We also are required to abide by the privacy policies that are outlined in this notice.

Right to Revise Privacy Practices- As permitted by law, we reserve the right to amend or modify our privacy policies and practices. These changes in our policies and provide you with a revised notice on your next office visit, unless the revisions are not significant. The revised policies and practices will be applied to all protected health information that we maintain.

Requests to Inspect Protected Health Information- You have a right to request us to restrict how we use and disclose your protected health information. We are not required by law to agree with your request restrictions in certain situations. These situations include emergency treatment, disclosure to the Secretary of the Department of Health and Human Services, and any described on the front page of the notice. However, if we decide to grant your request, we are bound by our agreement.

Complaints- If you would like to submit a comment or complaint about our privacy practices, you can do so by sending a letter outlining your concerns to:

HIPAA Privacy Officer
Athens Pediatrics PLLC
111 Epperson Street
Athens, TN 37303

If you believe that your privacy rights have been violated, you should call the matter to our attention by calling Athens Pediatrics at 423-745-5955, or by sending a letter describing the cause of your concern to the address provided. You may also address any complaint to the United States Secretary of Health and Human Services. You will not be penalized or otherwise retaliated against for filing a complaint.

Immunization Policy Athens Pediatrics' Vaccine Policy Statement

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

We firmly believe in the safety of our vaccines.

We firmly believe that all children and young adults should receive all recommended vaccines according to the schedule published by the Center for Disease Control and the American Academy of Pediatrics.

We firmly believe that vaccinated children and young adults may be the single most important health promoting intervention we perform as health care providers, and that you can perform as parents/ guardians. The recommended vaccines and their schedule given are the results of years of scientific study and data gathered on millions of children by thousands of our brightest scientists and physicians.

We firmly believe, based on all available literature, evidence and current studies, that vaccines do not cause autism or other developmental disabilities. We believe that the preservatives in vaccines are safe and do not cause autism or other developmental disabilities.

These things being said, we recognize that there has always been and will likely always be controversy surrounding vaccination. Indeed, Benjamin Franklin, persuaded by his brother, was opposed to smallpox vaccine until scientific data convinced him otherwise. Tragically, he had delayed inoculating his son Franky, who contracted smallpox and died at the age of 4, leaving Ben with a lifetime of guilt and remorse. Quoting Mr. Franklin's autobiography:

"In 1736, I lost one of my sons. A fine boy of four years old, by smallpox... I long regretted bitterly, and still regret that I had not given it to him by inoculation. This I mention for the sake of parents who omit that operation, on the supposition that they should never forgive themselves if a child died under it, my example showing that the regret may be the same either way, and that, therefore, the safer should be chosen. "

The vaccine campaign is truly a victim of its own success. It is precisely because vaccines are so effective at preventing illness that we are even discussing whether or not they should be given. Because of vaccines, many of you have never seen a child with polio, tetanus, whooping cough, bacterial meningitis or even chicken pox, or known a friend or family member whose child died of one of these diseases. Such success can make us complacent or even lazy about vaccinating. But such an attitude, if it becomes widespread, can only lead to tragic results.

Over the past several years, many people in Europe have chosen not to vaccinate their children with the MMR vaccine after publication of an unfounded suspicion (later retracted) that the vaccine caused autism. As a result of under immunization, there have been small outbreaks of measles and several deaths from complications of measles in Europe over the past several years.

Furthermore, by not vaccinating your child you are taking selfish advantage of thousands of others who do vaccinate their children, which decreases the likelihood that your child will contract one of these diseases. We feel such an attitude to be somewhat unfair.

We are making you aware of these facts not to scare you or coerce you, but to emphasize the importance of vaccinating your child. We recognize that the choice may be a very emotional one for some parents. We will do everything we can to convince you that vaccinating according to the schedule is the right thing to do. However, should you have doubts, please discuss these with us before your visit. In some cases, we may alter the schedule to accommodate parental concern or reservations. Please be advised, however, that delaying vaccines goes against expert recommendations, and can put your child at risk.

Finally, if you should absolutely refuse to vaccinate your child despite all our efforts, we will ask you to find another health care provider who shares your views. We do not keep a list of such providers, and we would not recommend any such physician.

As medical professionals, we feel very strongly that vaccinating children on schedule with currently available vaccines is absolutely the right thing to do for all children and young adults. Thank you for your time in reading this policy, and please feel free to discuss any question or concerns you may have about vaccines with us.

Sincerely,

Melanie Long FNP
Joy Asbury FNP

Rachel Worley, MD, FAAP
Kathryn Klopfenstein, MD



ATHENS PEDIATRICS, PLLC

Melanie Long, FNP
Joy Asbury, FNP
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111 Epperson Street
Athens, TN 37303

423 745-5955
Fax 423 745-6423

June 28, 2023

To the Parents of Attention Deficit Disorder/ADD/ADHD Patients:

1. We must do a yearly Physical Examination on your child to continue medications.
2. If seeing your child for the first time for ADD/ADHD medication, you will need to be seen in one month. If there are changes in the medication, you will need to schedule follow up for one month, unless the provider states differently. These are insurance rules and safest for your child.
3. Once stable on medication, we need to see each child every 3 months for evaluation. You will be given prescription(s) for each of the three months. We will electronically send them to the pharmacy of your choice.
4. Please call when you fill the last prescription to make the appointment for the next evaluation. We will try to schedule your child as quickly as possible. If you fail to schedule an appointment in a timely fashion or miss a scheduled appointment, your child may be forced to go without their medication. We understand that there are circumstances that are beyond your control. In this instance we will call in a one-month prescription. This will only be done ONCE.
5. We will be checking your child physically and discussing with you how your child is doing with their ADD/ADHD at home and at school. We periodically request feedback from the teacher at visits. These evaluations are helpful in ensuring that your child is well managed with their current treatment.

Thank You.

Rachel Worley, M.D.

Melanie Long, FNP, CS

Patricia Joy Asbury, FNP, C

By signing, I acknowledge that I have read the above statement and agree to these terms.

Child's Name: _____

Parent's Name: _____

Parent's Signature: _____

Date: _____

Advance Vaccine Consent

In accordance with Tennessee Code Annotated 63-1, my signature below indicates that I consent for Athens Pediatrics, PLLC and its staff to provider vaccinations for my child/ children.

I attest that I am the parent or legal guardian of the following child/children:

I consent for (check one)

- All vaccines recommended for my child by the AAP.
Athens Pediatrics, PLLC will not administer vaccines that are not recommended by American Academy of Pediatrics (AAP).

- All vaccines recommended for my child by the AAP, Except for

I understand that I can review the vaccine information sheets (VIS) at Athens Pediatrics, PLLC or by going to <https://www.immunize.org/vis/>

I understand that having my signature on file with Athens Pediatrics, PLLC in this way means that non-parent, non-legal- guardian caregivers who bring my child to appointments where vaccinations may be given need not provide formal consent for vaccines. My written consent as a parent/ legal guardian is adequate for vaccination.

Parent Name (print)	Parent Signature	Date
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The caregiver(s) listed below are authorized to seek medical care for my child/children at Athens Pediatrics, PLLC. This includes scheduling and canceling appointments, attending medical appointments and making medical decisions in my absence. This consists of, but not limited to, necessary medications, procedures and vaccinations.

I understand that I can revoke this authorization for any or all of these individuals at any time by contacting the office @ 423-745-5955.

Caregiver Full Name	Relationship	Contact Information
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____