

# CAPE COD PEDIATRICS

---

P.O. Box 549 • 55 Route 130 • Forestdale, MA 02644  
(508) 477-5306 • (508) 477-0297 FAX  
e-mail: [ccpediatrics@comcast.net](mailto:ccpediatrics@comcast.net)

I have read the Covid-19 vaccine information sheet and understand the benefits and possible risks associated with the vaccine.

Cape Cod Pediatrics has my permission to administer the Covid-19 vaccine to my child.

Child's name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

