



Smiles By Rosie Family Dentistry

6 Kensington Ave • Somerville, MA 02145 • (617) 623-2100

office@smilesbyrosie.com • **MA Vaccine Site 61510**

Vaccine Consent, Checklist, and Documentation for 2024-2025 season

I affirm that I am the legal guardian for:

Child's name: _____

Child's date of birth: _____

Phone for guardian to be reached: _____

I would like my child to receive vaccines for: Flu COVID-19 (Moderna)

I confirm that my child does not have a severe allergic reaction to any vaccine components, has not received a 2024-2025 flu or covid vaccine, has not received another vaccine in the last 8 weeks, is not ill today, does not have Guillain-Barré syndrome or MIS-C or MIS-A, or has had myocarditis within 3 weeks of receiving a covid vaccination. **If any of these apply to your child, please call or text (413) 329-8756.**

Parent's Printed name: _____ Parent's signature: _____



Vaccine information sheet for flu vaccine



Vaccine information sheet for COVID-19 vaccine

*****Please do not fill out below - Retain for your records*****

Vaccines administered and lot numbers: _____

Date of administration: _____

Site: Deltoid

Vaccinator: Katie-Rose Wagner, site number 61510 - **Vaccine will be entered into MIIS**