



Willow Tree Pediatrics Vaccination Policy

Willow Tree Pediatrics has carefully reviewed our approach to vaccinations in our practice. We believe in the effectiveness of vaccines to prevent illness and to save lives.

We follow the immunization guidelines provided by the American Academy of Pediatrics (AAP) and the Centers for Disease Control (CDC). A copy of the schedule will be provided upon request. The required vaccines do not include the Flu vaccine or the Covid-19 vaccine.

Scientific research has consistently shown that vaccines are safe and effective in preventing diseases in children and adults. It is safe to give multiple or combination vaccines at the same office visit. Based on evidence and current studies, we do not believe that vaccines cause autism or other developmental disabilities.

Please be advised that delaying or splitting up vaccines to give one or two at a time goes against expert recommendations and is against our advice as health care providers at Willow Tree Pediatrics. Delaying or limiting vaccines can put your child at risk for harm by leaving them vulnerable to deadly diseases. We do not recommend that parents pick their own schedule.

- We respect the rights of all parents/ guardians to make decisions and understand that you want what is best for your children.
- We recognize that the choice to vaccinate may be a very emotional one for some parents.
- We will do our best to provide education and information that vaccinating according to the CDC schedule is the appropriate thing to do for your children.

If your child is a patient at Willow Tree Pediatrics and you decide not to follow the recommended vaccine schedule, Willow Tree Pediatrics will require a waiver to be signed by the parent or legal guardian in order to continue providing care for your child. ***If you decline to sign the vaccine refusal waiver, Willow Tree Pediatrics will dismiss your child from the practice effective within 30 days.***

Thank you for your time in reading this policy and please discuss any questions you may have about vaccines with any one of our medical staff.

By signing below, you agree and acknowledge compliance with this policy.

Patient Name: _____ DOB: _____

Parent/ Guardian Signature: _____ Date: _____