Modified Vaccine Schedule Agreement

Franklin Pediatric Associates strongly recommends the CDC/AAP vaccine schedule. At my request, the practice has agreed to a modified schedule for my child under these terms:

- The doctor and I will write out a catch-up plan with dates.

All vaccines required by the CDC/AAP schedule will be completed by my child's 2nd birthday.

- I will bring my child to every scheduled vaccine visit. Missed vaccine visits must be made up within 30 days.
- I understand that delaying vaccines leaves my child at risk for serious, preventable diseases during the delay, and I accept that risk.
- I understand that if the plan is not completed by my child's 2nd birthday, Franklin Pediatric Associates will dismiss my family from the practice with 30 days' written notice, urgent care during those 30 days, and free transfer of records to the new doctor.

Child's full name: _____ **Date of birth:** _____

Catch-up plan attached? ☐Yes ☐No: _____

Parent/Guardian signature _____

Provider signature _____

Date: _____