



## IMMUNIZATION POLICY:

We at Pediatric Wizards firmly believe that immunizations are one of the most important medical breakthroughs of the last century. Vaccines are important for your child. We are a **Pro-Vaccine** Practice. We expect parents to immunize their child according to the schedule recommended by the American Academy of Pediatrics (AAP). **Parents who refuse to vaccinate their children according to the Brevard County School Immunization Requirements are not a good fit for our practice and will be asked to leave.**

The AAP and the Center for Disease Control and Prevention (CDC) both recommend administering multiple immunizations at each visit and not “splitting” vaccines. Multiple shots and combination vaccines are utilized for three main reasons:

- To provide broad immunologic protection to children when they are young and most vulnerable
- To minimize the absolute number of shots needed
- To minimize the number of office visits, and thus the likelihood of medical error and the cost to the health care system.

Administration of simultaneous immunizations has been extensively studied and determined to be safe and efficacious. There is no negative effect on the normal child immune system. There is no medical benefit to splitting shots (and there is increased potential for harm by doing so ).

We at Pediatric Wizards strongly support these recommendations. Splitting vaccines leads to medical errors and increase risk to the under-vaccinated child, in addition it poses a risk to other children in our practice who may come in contact with your child. Parents who insist on diverging from the recommended vaccine schedule will be asked to sign a waiver stating that they are aware of the potential risks inherent in doing so ( including , but not limited to , decreased immunity to potential life- threatening infections), as well as the lack of medical benefit from splitting shots. In addition, the parents will be asked to provide (in writing) their proposed vaccine schedule (once agreed upon) , or parent unwilling to sign the waiver will be asked to leave the practice.

We are happy to provide you with literature and websites on vaccines, as well as answer any questions you may have.

Thank you for entrusting us with the care of your children

(for more information: <http://www.cdc.gov/vaccines>)

Signature: \_\_\_\_\_ date: \_\_\_\_\_