

BRASHEAR FAMILY MEDICAL, P.A.

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CONSENT FOR IMMUNIZATIONS

(Such as flu, pneumonia, tetanus, or childhood vaccines)

I consent to the administration of immunizations for myself/my child, _____,
as ordered by Dr. Brashear. I understand that these immunizations may come in an oral or
injectable form.

I release Benjamin Brashear, M.D., or any staff member of Brashear Family Medical, P.A., from
any liability of side effects that may result from the administration of these immunizations.

Printed Name of Patient/Parent or Guardian

Signature of Patient/Parent or Guardian

Signature of Witness

Date