



Public Health

Immunization Program

Parent/Guardian Permission for Another Adult Person to Accompany and Consent to the Immunization of a Minor Child

I _____,
name of parent/guardian – please print

the parent or legal guardian of _____,
name of child – please print

give my permission for _____
name of adult accompanying child – please print

to consent to the immunization of the child named above.

signature of parent/guardian *phone number* *date*

