



PARENT CONSENT AUTHORIZATION

The purpose of this form letter is to eliminate barriers in seeking immunizations for children. This office will need the signature of a parent or legal guardian before any immunizations may be given.

I, _____, give permission for
(Parent/Legal Guardian)

_____ to authorize the administration of all
(Person presenting child)

appropriate immunizations as required by ACIP guidelines for my child

(Child's Name/Date of Birth)

The person presenting the child shall read and sign all vaccine information materials and forms.

Signature of Parent/Legal Guardian

Date Signed

(It is the policy of this office to accept this written permission up to two weeks after signature date, unless we receive notice from parent/legal guardian stating otherwise.)