



Vaccine Consent for Immunization of Minors

For use when a child under 18 is not accompanied by their parent, legal guardian, or custodian

Minor Last Name: _____ First Name: _____ DOB: ____/____/____

Accompanying Adult Last Name: _____ First Name: _____

As the Parent/Legal Guardian of _____,
(Minor's name)

I, _____ give permission to
(Parent/Legal Guardian's name)

_____ to authorize the administration of the influenza vaccine.
(Accompanying Adult's name)

I have read the provided vaccine information statements concerning the influenza vaccine. I understand the potential allergies and/or contraindications to the vaccine. I understand the potential adverse effects the minor may experience as a result of the vaccination.

Parent/Legal Guardian: _____ Date: ____/____/____
(Parent/Legal Guardian's Signature)

STAFF USE ONLY:

Identification was verified and matches name listed above. Screener Initials: _____

Notes: _____
