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)