



**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)

