



### Consent to Immunize Minor Authorization

I (We) the undersigned parent(s) or legal guardian(s) of \_\_\_\_\_, a minor, authorize the administration of vaccines following the recommended schedule of immunization by the team at Margaret Mary Community Hospital.

This consent will remain effective until the child's eighteenth (18th) birthday or until \_\_\_\_\_, 20\_\_\_\_, unless revoked in writing by the undersigned.

Child's First and Last Name: \_\_\_\_\_

Child's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_

Birth State: \_\_\_\_\_ Birth County: \_\_\_\_\_

Race: \_\_\_\_\_

Allergies to Food or Drugs: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Father's/Guardian's Name: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_

I (We) understand that this consent authorization is given in advance of a screening questionnaire in order to provide authority to MMCH to render vaccines following the current recommended immunization schedule. The person presenting the child to the MMCH Immunization Clinic will complete a screening questionnaire at the time of service.

Authorization Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Date received on file at MMCH Immunization Clinic: \_\_\_\_\_

Date of Expiration: \_\_\_\_\_ Date of 18th birthday or as designated above)