



Authorization to Consent

to Vaccinations/Medical Treatment for Minor Child of Adult Non-Parent

Parent or Legal Custodian:

I, _____, residing at _____,
(Parent/Legal Custodian Name) (Address – street, city, state, zip)
am the legal parent or legal custodian of _____, a minor, age _____,
(Child's Name)
born _____ who resides with me at the address set forth above.

I authorize _____, who resides at _____, an
(Temporary Guardian Name) (Address – street, city, state, zip)
adult in whose care the minor has been entrusted and is being allowed to consent to any immunization and/or medical treatment to be rendered to the minor. I understand that, although rare, vaccinations can lead to reactions requiring medical treatment. By signing below, I also release the Department of Health from any and all legal liability in my absence.

(Parent/Legal Custodian Printed Name) (Signature) (Date)

Temporary Guardian:

I understand that I am being authorized as stated above to consent to vaccinations and any required subsequent medical treatment for the minor child state above and agree to release the Department of Health from any and all liability in this regard. Further, by signing below I am stating that the above section has been completed by the Parent or Legal Custodian of the minor child.

(Temporary Guardian Printed Name) (Signature) (Date)

NOTES:

- (1) This form is valid for only sixty (60) days from the date of execution by parent/custodian.**
- (2) The parent/legal custodian must provide a copy of their driver's license (or state issued ID in the absence of a driver's license)**
- (3) The temporary guardian must provide proof of identification (i.e.; driver's license) prior to vaccinations being given.**

.....For Office Use Only Below this Line.....

Staff who verified Driver's License/ID Date Driver's License # of Temporary Guardian

NOTES: _____