



I give permission for _____ to bring _____
(name of person accompanying child) (name of child)

to his/her immunization appointment. I give consent for: (circle / fill in):

- 1) All age-appropriate recommended immunizations **OR**
- 2) The following immunizations _____
(please list specific vaccines)

I can be contacted at _____ for questions.

(print name of parent / guardian)

X _____
(signature of parent / guardian)

(Date)

September 19, 2017