Parental Delegation Form
Authorizing the Immunization of a Minor

I, __________________________________________________________, am the

☐ Natural or adoptive

☐ Guardian of

☐ Person who, under court order, is authorized to give consent for

the minor, __________________________________________________.

   print name of minor

I, hereby, delegate ____________________________________________

   print name of person to whom authority is delegated

to give consent to the immunization of the above named minor. The relationship of this
person to the minor is:

☐ A grandparent

☐ An adult brother or sister

☐ An adult aunt or uncle

☐ A stepparent

☐ Another adult who has care and control of the above named minor

_________________________________   __________________________
Signature of Parent or Guardian   Witness

_________________________________   __________________________
Date        Date
Confirmation Form for Person Other than the Parent Consenting to the Immunization of a Minor

I, _____________________________________________________, am

print name

☐ A grandparent
☐ An adult brother or sister
☐ An adult aunt or uncle
☐ A stepparent
☐ Another adult who has care and control
☐ An adult who has care and control of the minor named below under an order of a court or by commitment by a court to the care of an agency of the state or county and reasonably believe the minor needs immunization

of ______________________________, a minor whose (check one) ☐ natural or adoptive parent, ☐ guardian, ☐ person who, under court order, is authorized to give consent for the minor is

print name of minor

print name of parent*

The following describes the situation of alternate consent:

☐ The parent* has verbally delegated the authority to me to consent for immunization of the above-named minor and I have sufficient information about the minor and the minor’s family to enable me to consent.

☐ The parent* is not reasonably available because:

☐ the location of the person is unknown.

☐ I have made a reasonable effort within the past 90 days to locate and communicate with the parent* for the purpose of obtaining consent and that attempt has failed.

☐ I have contacted the parent* and requested that the parent* consent to the immunization and no action has been taken on the request but I have not been expressly denied the authority to consent to the immunization of the above-named minor.

_____________________________________  ___________________________________
Signature of Person Giving Consent   Witness

_____________________________________  ___________________________________
Date        Date

*“Parent” is defined as the natural or adoptive parent, the guardian, or a person who, under court order, is authorized to give consent for the minor.