Parental Delegation Form
Authorizing the Immunization of a Minor

I, __________________________________________________________, am the

☐ Natural or adoptive parent of

☐ 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 _________________________________

☐ 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 ________________________________ and for whom I am giving consent for immunization.

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.