



**Parental Permission Form**

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)*