

# Minor Consent Form for Vaccination

Use this **minor consent form sample** to authorize vaccination for individuals under the age of 18. It ensures legal compliance by obtaining parental or guardian approval. This document helps streamline the vaccination process while protecting the rights of minors and their families.

## 1. Minor Information

Full Name of Minor:

Date of Birth:

Address:

Phone Number (if applicable):

## 2. Parent/Guardian Information

Full Name of Parent/Guardian:

Relationship to Minor:

Phone Number:

Email Address:

## 3. Vaccination Details

Vaccine Name:

Scheduled Vaccination Date:

Known Health Conditions/Allergies:

#### 4. Consent Statement

I, the undersigned, am the parent or legal guardian of the minor named above. I acknowledge that I have received information regarding the risks and benefits of vaccination and hereby give my informed consent for the minor to receive the vaccine as specified. I confirm that the information provided is accurate to the best of my knowledge.

Parent/Guardian Signature:

Type or sign your name

Date:

*This form is for sample purposes only and should be reviewed by legal counsel to ensure compliance with local regulations.*