

Parental Vaccination Consent Form Sample for Minors

This **parental vaccination consent form sample** for minors provides a clear template for parents or guardians to grant permission for their child's vaccination. It ensures all necessary legal and medical information is included, facilitating a smooth and informed consent process. Using this form helps protect both healthcare providers and families by documenting parental authorization effectively.

Minor's Information

Child's Full Name:

Date of Birth:

Home Address:

Parent/Guardian Information

Parent/Guardian Full Name:

Relationship to Child:

Contact Number:

Vaccination Details

Vaccine Name/Type:

Preferred Vaccination Date:

Medical History

Known Allergies:

Relevant Medical Conditions:

Consent Statement

I, the undersigned, am the parent/legal guardian of the above-named minor and hereby give my consent for my child to receive the specified vaccination. I have provided accurate medical and personal information to the best of my knowledge.

☐

 I agree and give my consent.

Parent/Guardian Signature:

Date:

Submit Consent Form