

Vaccine Consent Form for Minors

Purpose: This printable vaccine consent form sample for minors provides a clear template for parents or guardians to authorize immunizations. Please complete all sections to ensure compliance with medical and legal requirements.

Print Form

1. Minor's Information

Full Name:

Date of Birth:

Address:

2. Parent/Guardian Information

Full Name:

Relationship to Minor:

Phone Number:

Email Address:

3. Vaccine Information

Vaccine(s) to be Administered:

List any allergies or medical conditions:

4. Consent and Authorization

☐ I, the parent/legal guardian of the above-named minor, authorize the administration of the vaccine(s) indicated above by qualified healthcare personnel. I have read and understood the information provided to me regarding the vaccine(s).

Signature of Parent/Guardian:

Date:

Please bring this completed form to your appointment or provide it as required by your healthcare provider or school

nurse.