

Child Vaccination Consent Form Sample PDF

This **child vaccination consent form** sample PDF provides a clear and easy-to-use template for parents or guardians to authorize immunizations. It ensures that all necessary medical and personal information is documented for the child's safety. Download the form to streamline the vaccination process at healthcare facilities.

Sample Consent Form Preview

Child's Information	
Full Name: [Text Input]	
Date of Birth: [Text Input]	
Child ID/Medical Record Number (if applicable): [Text Input]	
Parent/Guardian Information	
Full Name: [Text Input]	
Relationship to Child: [Text Input]	
Contact Number: [Text Input]	
Consent	
I, the undersigned, hereby authorize healthcare professionals to administer recommended vaccinations to my child as per the national immunization schedule. I confirm that all the above information is accurate and complete.	
<input type="checkbox"/> I consent to the vaccination of my child.	
Parent/Guardian Signature: [Text Input]	
Date: [Text Input]	

Submit Consent

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