

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:

Date of Birth:

Child ID/Medical Record Number (if applicable):

Parent/Guardian Information

Full Name:

Relationship to Child:

Contact Number:

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.

☐

 I consent to the vaccination of my child.

Parent/Guardian Signature:

Date:

Submit Consent

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