Parental Delegation Form
Authorizing the Immunization of a Minor

I, __________________________________________________________, am the

☐ Natural or adoptive parent of

☐ Guardian of

☐ Person who, under court order, is authorized to give consent for

the minor, __________________________________________________.

print name of minor

I, hereby, delegate __________________________________________

print name of person to whom authority is delegated

to give consent to the immunization of the above named minor. The relationship of this
person to the minor is:

☐ A grandparent

☐ An adult brother or sister

☐ An adult aunt or uncle

☐ A stepparent

☐ Another adult who has care and control of the above named minor

________________________________________  __________________________
Signature of Parent or Guardian                                                 Witness

________________________________________  __________________________
Date                                                                                     Date
Confirmation Form for Person Other than the Parent Consenting to the Immunization of a Minor

I, ____________________________, am ____________________________.  

☐ A grandparent  
☐ An adult brother or sister  
☐ An adult aunt or uncle  
☐ A stepparent  
☐ Another adult who has care and control  
☐ An adult who has care and control of the minor named below under an order of a court or by commitment by a court to the care of an agency of the state or county and reasonably believe the minor needs immunization  

of ____________________________, a minor whose (check one) ☐ natural or adoptive parent, ☐ guardian, ☐ person who, under court order, is authorized to give consent for the minor is ____________________________ and for whom I am giving consent for immunization.  

☐ print name of minority  
☐ print name of parent*  

The following describes the situation of alternate consent:  

☐ The parent* has verbally delegated the authority to me to consent for immunization of the above-named minor and I have sufficient information about the minor and the minor’s family to enable me to consent.  

☐ The parent* is not reasonably available because:  

☐ the location of the person is unknown.  
❑ I have made a reasonable effort within the past 90 days to locate and communicate with the parent* for the purpose of obtaining consent and that attempt has failed.  
❑ I have contacted the parent* and requested that the parent* consent to the immunization and no action has been taken on the request but I have not been expressly denied the authority to consent to the immunization of the above-named minor.  

____________________________________  
Signature of Person Giving Consent  

___________________________________  
Witness  

________________________  
Date  

________________________  
Date  

*“Parent” is defined as the natural or adoptive parent, the guardian, or a person who, under court order, is authorized to give consent for the minor.