



Prevent • Promote • Protect

Immunization/Travel Clinic

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## Vaccine Consent for Immunization of Minor

For use when a minor child is not accompanied by their parent, legal guardian, or custodian. The person authorized to accompany your child **must** be an adult 18 years of age or older. This authorization is **ONLY** valid for the appointment date listed below. A new authorization will be needed for future appointments.

Minor Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Accompanying Adult Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

As the Parent/Legal Guardian of \_\_\_\_\_ I, \_\_\_\_\_  
*(Minor's Name)* *(Parent/Legal Guardian's Name)*

give permission for \_\_\_\_\_ to bring my child to his/her immunization  
*(Accompanying Adult's Name)*

appointment on \_\_\_\_\_. I authorize for my child to receive the following vaccines:  
*(Only valid for this date)*

\_\_\_ All required vaccines per Colorado law for school and/or childcare centers

\_\_\_ All recommended vaccines for the child's age

**OR**

**Please list specific vaccines that your child may receive on the appointment date listed above:**

\_\_\_\_\_  
\_\_\_\_\_

I understand that if the nurses providing my child's vaccines have questions, but are unable to reach me by phone, then my child's vaccines will be withheld on this date. You may reach me at this number with any questions: \_\_\_\_\_  
**(Phone Number)**

Parent/Legal Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_