



## Vaccine Parental Consent

### Patient information

Name	
Date of Birth	

### Parent/Guardian Information

Name	
Date of Birth	
Gender	
Phone Number	
Email	

### Authorized Individual to bring child (must be over 18)

Name	
Date of Birth	
Relationship to Child	

### Consent & Signature

[NRS 450B.525](#) requires consent to treatment by the parent or guardian for immunizations. We are also required to provide you with the Vaccine Information Sheets (VIS), which we will provide to your Authorized Individual. To vaccinate your child, please make sure to fill out this form completely and attach:

- Signing parents' Driver's license or ID
- insurance ☐ Yes ☐ No
  - front
  - back

I consent to the vaccination of my child as determined by Carson City Health and Human Services (CCHHS). I authorize my authorized individual to make decisions on behalf of my child, as stated above.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Signature of parent / guardian*