Hancock Public Health
Your Recognized Leader in Population Health

Karim Baroudi, MPH, Health Commissioner

Authorization to Consent for Treatment of Vaccinations of Minor

Patient Name: _____ Date of Birth_____

I am the parent/legal guardian of above minor patient and am providing signed consent to administration of due vaccinations for the child. I am authorizing the following person/persons, above the age of 18 years, to sign any and all required forms on my behalf if I am unable to attend appointment. Said person/persons will provide photo ID at time of service.

This authorization is effective from _____ through _____

Name: _____ Relationship _____

Name: _____ Relationship _____

_____I authorize the above person/persons and will be responsible to notify Hancock Public Health of any changes needed.

_____ I decline to list any person/persons at this time

Print Name: _____ Relationship _____

Sign Name: _____ Date: _____

Official Use Only:

_____ _____
Hancock Public Health Witness Signature Witness Name (Please Print)