

Authorization for Immunization of a Minor

A parent or legal guardian must consent for a child younger than 18 years of age for immunizations provided by Dakota County Public Health unless they meet one of the following exceptions: 1. They are living separate from the parent/guardian, regardless of duration, and managing personal financial affairs; 2. They are receiving Hepatitis B vaccine; 3. Married or have borne a child; 4. Pregnant and need vaccines recommended during pregnancy.

Please complete this form if your child will be coming to an immunization clinic visit without a parent or legal guardian. The person authorized to accompany your child must be an adult 18 years of age or older.

This consent is valid for the specified time period with a maximum of one year from date signed. If you have questions about immunizations, contact the Disease Prevention and Control unit at 952-891-7528.

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Minor Patient	Name							
		Address						
		City		State		Zip		
		Date of Birth			_			
Time Period	Written consent if valid for the time period of: to							
	Not to exceed one year at which time a new consent form is required. This consent may be revoked by me at any time in writing.							
Authorization	I authorize							
	(Name of person(s) being authorized) Relationship to Patient To give consent to immunizations of behalf of my child listed above. The above-named individual may also answer questions about my child's medical history necessary to determine vaccines recommended. This includes questions about my child's immunizations history, allergies, recent medications, and any medical condition my child has*.							
	Par	rent/Legal Guardian Signature Date Signed						
		none number (in case of emergency)						
	*Pl	Please see the Immunization Screening Questionnaire posted online to review						
	questions required. You may print and send this with your child. (www.co.dakota.mn.us , search "Immunization Clinics")							
For Office Use Only	If it was determined that the minor did not need parental/guardian consent, check which exemption(s) applied: Minor living separate from parent/guardian and managing personal financial affairs Minor is requesting Hepatitis B Vaccine only Minor is married or has borne a child and is consenting for their child Minor is pregnant and requesting vaccines recommended during pregnancy							
	Staff Signature: Date Signed							