



**NEVADA
COUNTY**
CALIFORNIA

**Public
Health**

**Caregiver Consent or Designation of another
Person to Consent for Immunizations/Flu Vaccinations**

I, _____, cannot accompany my child,
(parent/legal guardian)

_____,
(child's name) (date of birth)

to the Nevada County Public Health Department's Immunization/Flu Clinic. Therefore, I
give permission to _____, to accompany my
(person's name)
minor child and/or consent for immunizations and any necessary subsequent first aid or
emergency medical care.

I have reviewed the Vaccine Information Statements (VIS Sheets) located at:
<https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

(Signature of parent or legal guardian-required) (Date and Time signed-required)

Caregiver must bring the child's immunization records to the clinic!

Should we have questions, please provide a phone number where ***you can be reached during this immunization clinic.***

Home Phone _____ Work Phone _____

Address _____

This form is valid Only for Immunization/Flu Clinics held by
Nevada County Public Health.