



**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.