



Yuma County Public Health Services District

Consent of Parent/Legal Guardian for Minor Child to Receive Vaccinations with Custodian

| | | |
|---|---|------------------|
| Effective Date: | County and State: | |
| Parent or Legal Guardian (Full Legal Name, Physical Address, City, State, Zip Code and Phone Number) | Adult Custodian Granted Permission to Sign for Vaccinations (Full Legal Name, Physical Address, City, State, Zip Code and Phone Number) | |
| 1- <input type="text"/> | 1- <input type="text"/> | |
| Name of Minor | Date of Birth of Minor | Termination Date |
| | | |

Consent: The above named Parent/Legal Guardian authorizes the above named custodian to sign for their minor child to receive vaccinations as per the Centers for Disease Control’s schedule based on the minor child’s age, past medical history and past vaccination history.

Signature of Parent/Legal Guardian

Signature of Custodian

STATE OF ARIZONA)
County of YUMA) ss.

SUBSCRIBED AND SWORN to before me this _____ day _____, 20____, by _____.

Notary Public

STATE OF ARIZONA)
County of YUMA) ss.

SUBSCRIBED AND SWORN to before me this _____ day _____, 20____, by _____.

Notary Public