



Authorization for Immunization of a Minor

A parent or legal guardian must consent for a child younger than 18 years of age for immunization 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 952-891-7999.

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*. Parent/Legal Guardian Signature _____ Date Signed _____ Phone number (in case of emergency) _____ *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 Exempt Minor	If it was determined that the minor did not need parental/guardian consent, check which exemption(s) applied: <input type="checkbox"/> Minor living separate from parent/guardian and managing personal financial affairs <input type="checkbox"/> Minor is requesting Hepatitis B Vaccine only <input type="checkbox"/> Minor is married or has borne a child and is consenting for their child <input type="checkbox"/> Minor is pregnant and requesting vaccines recommended during pregnancy Exempt Minor Signature: _____ Date Signed _____		
For Office Use Only	Staff Signature: _____ Date Signed _____		