



LIVINGSTON COUNTY HEALTH CENTER

In Cooperation with
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
www.livcohealthcenter.com

Public Health
Prevent. Promote. Protect.

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800 Adam Drive
Chillicothe, MO 64601

This form must be completed and signed by the parent or legal guardian if an adult other than the parent or legal guardian will be bringing in the child for immunizations.

Delegation of Consent for Immunizations

Date _____

Child's Name _____ DOB _____

Parent or Guardian's Name: _____

Relationship to minor child:

- Natural Parent
- Guardian
- Person, who under court order is authorized to give consent
- Adult who has care and control of child (Describe relationship)

I, hereby, delegate consent to sign for immunizations of the above named minor child to:

Name of Delegate _____

Delegate's relationship to minor child:

- Grandparent
- Adult brother/sister
- Adult aunt/uncle
- Step-Parent
- Caregiver
- Other Responsible Adult

(Signature of person delegating consent)

(Date)

(Signature of witness)

(Date)