



Nevada County Public Health Department

Caregiver Consent or Designation of another Person to Consent for Immunizations

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

(child's name) (date of birth)

to the Nevada County Public Health Department's Immunization 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.

(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 Clinics held by Nevada County Public Health during the period of:

Wednesday, January 1, 2020 through Thursday, December 31, 2020.