



Parental Consent Form

Name of Minor

DOB

Social Security #

I give permission for CHOC Children's to vaccinate my child with the seasonal flu vaccine.

If he/she becomes ill or injured while at CHOC performing volunteer duties, I authorize CHOC to provide medical assistance.

I understand that copies of this authorization will be available to those providing seasonal flu vaccines, and authorize medical assistance to the minor named above.

Parents/Legal Guardian Signature: _____

Parents/Legal Guardian Print Name: _____

Date: _____

Address: _____

Phone #: _____

Relationship to the Minor: _____