

Comal County Office of Public Health Delegation Form

DELEGATION OF AUTHORITY TO GIVE INFORMED CONSENT FOR IMMUNIZATIONS OF A MINOR

I give permission for:

(Name of Adult to Whom Consent is Delegated)

to consent for:

(Name of Minor) DOB _____

to receive the appropriate immunizations.

Relationship of adult to minor: _____

Signature and Date/Parent or Legal Guardian

Signature of Clinical Staff

Date of Immunization

PER §97.91 TEXAS ADMINISTRATIVE CODE: CERTAIN INFORMATION MUST BE OBTAINED PRIOR TO IMMUNIZATION OF A MINOR WHEN THE PARENT/LEGAL GUARDIAN IS NOT PRESENT AND ANOTHER ADULT PURPORTS TO HAVE CONSENT OF THAT PARENT/LEGAL GUARDIAN.