



## PARENT/LEGAL GUARDIAN INSTRUCTIONS FOR WRITTEN AUTHORIZATION TO OBTAIN IMMUNIZATION

Kansas laws allow parents and legal guardians of children to pick out someone else to bring a minor child to an appointment for immunizations. The parent/guardian must put in writing the name of the person chosen to bring the child for immunizations. This form is designed to meet the requirements of the law. Although you are not required to have an attorney to fill out this form, **if you have any questions about this form or your rights and responsibilities, you should contact an attorney.**

The person you name on this form to bring your child for immunizations must:

1. Be eighteen (18) years or older
2. Be able to give correct information about your child's health history
3. Be able to sign the consent form on your behalf
4. Be responsible for bringing information back to you from the health care provider
5. Have a copy of the Authorization form with them when they bring the child. The form must be shown to the health care provider each visit.

You must fill out a form for **each** child, even if the person you pick is allowed to bring all of your children for immunizations.

If you decide to pick a **different** person to bring the child after you filled out a form, you must fill out a **new** form. New Medical Health Care will not accept forms with names crossed out and different names written in, or with more than one name in any blank.

**This form only allows the person named to bring the child for immunizations. If you are giving someone else the authority to bring your child for other health care, including well and sick child visits, then you must complete a Power of Attorney or CONSENT FOR MINOR TO RECEIVE MEDICAL CARE.**

A Power of Attorney must include:

1. the name of the child this person has authority for;
2. the name of the person you have given this power to;
3. the specific powers you want them to have (for example, "Authorized to obtain and consent to all medical treatment, including surgery and anesthesia");
4. the date the parent/guardian signed (honored one (1) year);
5. the parent/guardian's signature, **which must be notarized.**

Although you are not required to have an attorney to create a Power of Attorney, **if you have any questions about a Power of Attorney form or your rights and responsibilities, you should contact an attorney.**

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WRITTEN AUTHORIZATION TO OBTAIN IMMUNIZATION

I/We, the parent/legal guardian(s) of \_\_\_\_\_,  
(name of minor child)

do hereby authorize \_\_\_\_\_,  
(name of adult person authorized) (relationship to child, i.e. aunt, etc.)

to provide consent for and obtain immunizations for my/our minor child.

I/We state that the person authorized above is an adult, eighteen (18) years or older.

I/We understand that the person authorized above is responsible for providing our child's health history information to the health care provider. I/We understand that risk/benefit and other health information related to immunizations may be given to the person I/we have authorized, and it is the responsibility of the authorized person to bring that information to the parent/legal guardian.

I/We understand that if this written authorization is presented, the health care provider will make no effort to notify the parent/legal guardian or obtain further consent for the immunizations.

A copy of this authorization shall be as valid as an original.

**I/We understand that this written authorization may be withdrawn at any time by providing notice in writing. The notice of withdrawal must be given to the person authorized above and to any health care provider who was given a copy of this written authorization.**

This authorization is given this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signed: \_\_\_\_\_  
Parent/Legal Guardian

This instrument was acknowledged before me on \_\_\_\_\_ by \_\_\_\_\_.

(Notary Stamp)

\_\_\_\_\_  
Signature of Notarial Officer

My appointment expires: \_\_\_\_\_