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WRITTEN AUTHORIZATION TO OBTAIN IMMUNIZATIONS

I/We, the parent/legal guardian(s) of _____,
(Full Legal Name of Minor)

do hereby authorize _____,
(Full Legal Name of Authorized Individual) (Relationship to Patient)

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

1. I/We state that the person authorized above is an adult, eighteen (18) years or older.
2. I/We understand that the person authorized above is responsible for providing our child's accurate health history information to the health care provider.
3. 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 relay/provide that information to the parent/legal guardian.
4. 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 equivalently valid as the 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I/We understand that this written authorization may be withdrawn at any time by providing notice in writing.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 effective from _____ to _____,
(MM/DD/YYYY) (MM/DD/YYYY)

Parent or Legal Guardian (please print)

Parent or Legal Guardian (please print)

Signature of Parent or Legal Guardian

Signature of Parent or Legal Guardian

Kansas Notary Acknowledgement

State of Kansas

County of _____

This instrument was acknowledged before me on _____ (Date) by _____
(Name(s) of Person(s)).

Signature of Notarial Officer: _____

Title and Rank: _____ My Appointment Expires: _____