

**GOVERNMENT OF THE DISTRICT OF COLUMBIA
Child and Family Services Agency**



Authorization for Immunization of a Minor

Section 1: Information About Child Receiving Vaccines (please print)			
Child's Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)
Parent/Legal Guardian's Last Name	First Name	Middle Initial	Phone Number
Address			
City	State	Zip	
Section 2: Consent For Child's Vaccination			
<p>During the early years of life, your children need vaccines to protect them from 14 diseases that can be serious, even life-threatening. This makes the decision to immunize your child an important one, especially since there are no effective alternatives to immunization. Making sure that children receive all their vaccinations on time is one of the most important things you can do as a parent to ensure your children's long-term health—as well as the health of family, friends, classmates, and others in your community.</p> <p>Check all that apply:</p> <p>_____ I GIVE CONSENT to CFSA to have my child named at the top of this form immunized according to the <i>CDC Recommended Immunization Schedule for Children and Adolescents Aged 18 Years or Younger</i>.</p> <p>_____ I GIVE CONSENT to the CFSA Healthy Horizons Assessment Center and its staff to administer vaccines, if necessary, to my child named at the top of this form.</p> <p>_____ I DO NOT GIVE CONSENT to the CFSA Healthy Horizons Assessment Center and its staff for my child, named at the top of this form, to be vaccinated. I want my child to receive any necessary vaccinations through their primary care physician.</p> <p>_____ I DECLINE to have my child vaccinated by any medical provider for the following reason(s): _____</p> <p>_____</p>			
Parent/Guardian Signature _____		Date _____	
Printed Name of Parent/Guardian _____		Relationship _____	

