



Parent or Legal Guardian Consent for VGMHC to Provide Vaccination to Minors

Minor's Legal Name: _____

Minor's Date of Birth: _____

I hereby authorize Virginia Garcia Memorial Health Center (VGMHC) to provide vaccinations to the above minor.

_____ Please give my child **any** vaccine available that they are due to receive

OR

_____ Please give my child **only** the following vaccine(s) _____

I understand that information about specific vaccines is available online at <https://www.immunize.org/vis/> and will be available to the minor before the vaccine is given. The minor can request a printed copy to take with them after the visit.

Signature of Parent or Legal Guardian

Date

Print Name of Parent or Legal Guardian

Date

Note: Under Oregon law, minors 15 years of age and older can consent for medical treatment, including vaccinations, when provided by a physician, physician's assistant, naturopath, dentist.

VG Staff: Send to Medical Records to scan

Pt. ID Label