



PARENT/GUARDIAN CONSENT FORM FOR MINOR TO RECEIVE VACCINES

I, _____, being the parent, guardian, or legal representative authorized to consent to medical treatment for the minor listed below, hereby consent to and permit authorized medical providers from Lowry Pediatrics to administer routine vaccinations without my physical presence.

Patient's name: _____

Patient's DOB: _____

Signature or parent or legal guardian: _____

Date: _____

Phone number: _____