



Authorization to Consent
to Vaccinations/Medical Treatment for Minor Child of Adult Non-Parent

Parent or Legal Custodian:

I, _____, residing at _____,
Parent/Legal Custodian Name Address – Street, City, State & Zip

am the legal parent or legal custodian of _____, a minor, age
Child's Name

_____, born _____ who resides with me at the address set forth above.

I authorize _____, who resides at _____, an
Temporary Guardian's Name Address – Street, City, State & Zip

adult in whose care the minor has been entrusted and is being allowed to consent to any immunization and/or medical treatment to be rendered to the minor. I understand that, although rare, vaccinations can lead to reactions requiring medical treatment. By signing below, I also release Super Shot, Inc. from any and all legal liability in my absence.

Parent/Legal Custodian Printed Name Signature Date

Temporary Guardian:

I understand that I am being authorized as stated above to consent to vaccinations and any required subsequent medical treatment for the minor child stated above and agree to release Super Shot, Inc. from any and all liability in this regard. Further, by signing below, I am stating that the above section has been completed by the Parent or Legal Custodian of the minor child.

Temporary Guardian Printed Name Signature Date

NOTES:

- 1. This form is valid for only sixty (60) days from the date of execution by parent/legal custodian.
- 2. The parent/legal custodian must provide a copy of their driver's license (or state-issued ID in the absence of a driver's license)
- 3. The temporary guardian must provide proof of identification (i.e.: driver's license) prior to vaccinations being given.

.....*For Office Use Only Below this Line*.....

STAFF VERIFYING DRIVER'S LICENSE/ID DATE DRIVER'S LICENSE # OF TEMPORARY GUARDIAN

Additional Notes: _____