

Medical Treatment Consent for Vaccinations

Date: _____

To Whom It May Concern,

I, **[Parent/Guardian's Name]**, hereby give my consent for my child, **[Child's Name]**, to receive the following vaccinations:

- [Vaccine Name 1]
- [Vaccine Name 2]
- [Vaccine Name 3]

I understand the risks and benefits associated with these vaccinations and have had the opportunity to ask questions. I confirm that my child is in good health and does not have any conditions that would prohibit them from receiving these vaccinations.

In case of any adverse effects or reactions, I can be reached at **[Your Phone Number]**.

Signature: _____

Printed Name: _____

Relationship to Child: _____

Child's Date of Birth: _____