

Figure: 25 TAC §97.91(d)

SAMPLE DELEGATION FORM

DELEGATION OF AUTHORITY TO GIVE  
INFORMED CONSENT FOR IMMUNIZATIONS OF A MINOR

I give permission for \_\_\_\_\_  
(Name of Adult to Whom Consent is Delegated)

to consent for \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ to  
(Name of Minor)

receive the appropriate immunizations.

Relationship of adult to minor: \_\_\_\_\_

\_\_\_\_\_  
Signature/Parent, Managing Conservator, Legal Guardian,  
or Authorized Person

\_\_\_\_\_  
Signature/Initials of Clinic Staff

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date of Immunization