



To be completed only if no parent/guardian/foster parent can be present at the vaccination

DELEGATION FORM

The delegated person must show their own identity document and a photocopy of the identity document of both parents/guardians/foster parents who have delegated them. The delegated person must be able to provide all information on the minor's state of health.

I, the undersigned _____ **born on** _____

I, the undersigned _____ **born on** _____

Exercising parental responsibility/guardianship/foster care of _____

Born in _____ on _____

hereby delegate

Mr/Ms _____

to accompany the minor _____

born on _____ in _____ on our behalf for the administration of the mandatory vaccination(s) which we authorize, and the recommended vaccination(s) for which we give our consent as per the attached form.

Signature of both parents/guardian/foster parent

Parent _____ Parent _____
