

[To parents or guardians of minors aged from 13 to less than 20]
Vaccination Consent Form (when a minor unaccompanied by a parent or guardian receives a vaccination)

Attention: Parents or Guardians - please make sure to read the following information.

As a parent or guardian of a minor aged from 13 to less than 20, you are requested to read and understand the information in the Vaccine Screening Questionnaire as well as the explanation of vaccination and possible adverse effects provided in the booklet "Vaccination and Children's Health." If you then wish to have your child vaccinated, you can do so without accompanying him/her for the vaccination by signing the Vaccine Screening Questionnaire and Vaccination Consent Form.

(Please have your child bring this form on the day of vaccination.)

If you have any questions or concerns when deciding whether or not to vaccinate your child, please consult your family doctor, a local healthcare center or the section in charge of vaccination at the local municipal government office. After fully understanding the benefits and possible adverse effects of vaccination, please sign the Vaccine Screening Questionnaire.

Please carefully read and fully understand the above information before you decide to vaccinate your child. If you decide to do so, please sign this consent form. **Your child will be unable to receive a vaccination without your signature on this form.**

If you do not wish to vaccinate your child, please do not sign this form.

Vaccination Consent Form

I have read the vaccination information leaflet and understand the benefits and objectives of vaccination, the possible serious adverse effects and the Relief System for Injury to Health with Vaccination, and I consent to have my child vaccinated.

I also understand that the leaflet has been prepared to enable parents/guardians to enhance their understanding of vaccination, and I consent to have this form submitted to the local municipal government office.

Name of Parent/Guardian (Please print): _____

Signature: _____

Address: _____

Contact phone number: _____

* For vaccination of an unaccompanied child aged from 13 to less than 20, his or her parent or guardian must sign not only this form but also a Vaccine Screening Questionnaire.