



Stavanger  
kommune

**Smittevern- og  
vaksinasjonstjenesten**  
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## Consent Form for Guardians

Vaccinations not included in the Norwegian childhood immunisation programme require consent from both parents when they share parental responsibility. Bring the completed consent form to the vaccination appointment.

Child's name:

Date of birth:

We would like our child to be vaccinated for:

- \*
- \*
- \*
- \*

Parents with parental responsibility:

Guardian 1: Date:

Signatur:

Guardian 2: Date:

Signatur: