

Authorization Letter (委任状)

As I (parent/guardian) am unable to accompany my child (name: _____ /
date of birth: _____) for his/her vaccination due to personal circumstances, I
hereby delegate the authority for vaccination to the following person. The delegated party
and I have read the explanation regarding vaccination, and have understood the effects
and side-effects of the vaccination. I hereby express my consent that the delegated party
may consent to the vaccination on my behalf following the doctor's examination.

Date: / / / (YY/MM/DD)

Delegated Party (person accompanying the child)

Full Name:

Relationship with the child: Grandfather, Grandmother, or Other ()

Address (can be omitted if the address is the same as the parent/guardian)

Parent/Guardian

Full Name:

Address:

Emergency Contacts:

A parent or guardian is required to accompany his/her child to receive routine vaccinations or vaccinations administered by Tsukuba City. If a person other than the parent/guardian (*delegated party) accompanies the child, the parent or guardian must fill out this authorization letter and submit it along with the medical checkup form.

The delegated party is required to sign the medical checkup form, instead of the parent/guardian.

*The delegated party must be either a grandparent, uncle, aunt or sibling (over 18 years old) that is very familiar with the child's health condition.

—医療機関処理欄— 接種日 年 月 日

< 接種した予防接種に○をつけてください。 >

五種混合・四種混合・二種混合・麻しん風しん・日本脳炎・BCG・ヒトパピローマウイルス
ロタウイルス・ヒブ・小児用肺炎球菌・水痘・B型肝炎・小児インフルエンザ・おたふくかぜ
その他 ()

※つくば市への提出の際は、接種した予診票に添付してください。

同時接種の場合には、原本を添付する予防接種名に二重丸印◎、コピー添付の予防接種名には丸印○を記入の上、必要部数コピーをとりそれぞれの予診票に添付して下さい。