

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Healthcare Provider's Name]  
[Healthcare Provider's Office/Clinic Name]  
[Office Address]  
[City, State, Zip Code]

Dear [Healthcare Provider's Name],  
I, [Your Full Name], am the parent/legal guardian of [Child's Full Name],  
born on [Child's Date of Birth]. I am writing to give my consent for my  
child to receive the MMR (Measles, Mumps, Rubella) vaccine.

I understand the importance of vaccinations and the benefits they provide  
in protecting my child against these diseases. I have discussed the  
vaccine with my healthcare provider and am aware of any potential risks  
and side effects.

Please proceed with administering the MMR vaccine to my child at the next  
appointment.

Thank you for your attention to my child's health and well-being.

Sincerely,

[Your Signature (if sending a hard copy)]  
[Your Printed Name]  
[Your Relationship to the Child]