

[Your Name]
[Your Address]
[City, State, Zip Code]
[Email Address]
[Phone Number]
[Date]

[Recipient's Name]
[Recipient's Title/Organization]
[Recipient's Address]
[City, State, Zip Code]

Dear [Recipient's Name],

I, [Your Name], hereby authorize [Authorized Person's Name] to act on my behalf in matters related to the administration of the MMR (Measles, Mumps, and Rubella) vaccination for my child, [Child's Name], who was born on [Child's Date of Birth].

This authorization includes the right to make decisions regarding the vaccination process and to sign any necessary documents related to the MMR vaccination on my behalf.

I understand that this authorization is valid until [End Date or "until revoked in writing"].

Should you have any questions or require further information, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your attention to this matter.

Sincerely,

[Your Signature]
[Your Printed Name]
[Your Relationship to Child]