

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]  
[Recipient Name]  
[Recipient Title/Position]  
[Clinic/Hospital/Healthcare Facility Name]  
[Facility Address]  
[City, State, Zip Code]

Dear [Recipient Name],

I am writing to provide my consent for my child, [Child's Name], to receive the MMR (measles, mumps, and rubella) vaccination.

**\*\*Child's Information:\*\***

- Full Name: [Child's Full Name]
- Date of Birth: [Child's Date of Birth]
- Health Record Number (if applicable): [Health Record Number]

I acknowledge that I have been informed about the benefits, risks, and potential side effects of the MMR vaccine. I have had the opportunity to ask questions, and I understand that vaccination is an important step in protecting my child and the community.

Please proceed with the administration of the MMR vaccine at your earliest convenience.

Thank you for your attention to this matter.

Sincerely,

[Your Name]

[Your Signature (if sending a hard copy)]