

## Withdrawal of Permission Form

*Withdrawal of Permission for \_\_\_\_\_ Vaccine*

Dear XXXX (Name of nurse/official)

I withdraw my earlier permission for the \_\_\_\_\_ vaccine to be administered to my child \_\_\_\_\_.  
(Name)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent/ Legal Representative)

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**To be filled out by clinic administrator:**

Please return by \_\_\_\_\_ to: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_