Power of Attorney 委任状

Date: _____ Year 年 _____ Month 月 _____ Day 日

To the Head of the Designated Medical Institution 指定医療機関の長　様

Delegator (Parent/Guardian) 委任者（保護者）

Address 住所:

_____

Signature 本人署名: _____

Person to be Vaccinated 接種者Name 氏名: _____

Regarding the influenza vaccination, I hereby appoint the following person as my proxy and delegate my authority to them. インフルエンザ予防接種について、私は次の者を代理人に選任し、その権限を委託します。

Proxy / Representative 代理人

Address 住所:

_____

Name 氏名:

_____

Relationship to the Delegator 委任者との関係 (_____)

Notice from the Ministry of Health, Labour and Welfare regarding the Power of Attorney

委任状についての厚労省通達

"Regarding accompaniment by persons other than a parent/guardian for routine vaccinations"

Routine vaccinations require, in principle, the accompaniment of a parent/guardian. However, if the parent/guardian is unable to attend for a specific reason, it is permissible for a relative or other appropriate person who is familiar with the vaccinated person's usual health condition to accompany them.

In such cases, the parent's/guardian's understanding of the items on the pre-vaccination questionnaire should be sought through prior explanation. At the time of vaccination, in addition to the questionnaire, a power of attorney stating that the consent of the accompanying person constitutes the parent's/guardian's consent shall also be required.

April 2008, Tuberculosis and Infectious Diseases Control Division, Health Service Bureau, Ministry of Health, Labour and Welfare