

~~(A) A PERSON AUTHORIZED UNDER § 18 4A 01 OR § 18 4A 02 OF THIS SUBTITLE TO CONSENT TO THE IMMUNIZATION OF A MINOR HAS THE RESPONSIBILITY TO ENSURE THAT THE CONSENT, IF GIVEN, IS AN INFORMED CONSENT.~~

~~(B) THE RESPONSIBILITY OF A HEALTH CARE PROVIDER TO PROVIDE INFORMATION TO A PERSON CONSENTING UNDER § 18 4A 01 OR § 18 4A 02 OF THIS SUBTITLE IS THE SAME AS THE PROVIDER'S RESPONSIBILITY TO A PARENT.~~

~~(C) AS PART OF THE INFORMATION GIVEN TO ENSURE INFORMED CONSENT, THE HEALTH CARE PROVIDER SHALL INFORM THE PERSON AUTHORIZED UNDER § 18 4A 01 OR § 18 4A 02 OF THIS SUBTITLE TO CONSENT TO THE IMMUNIZATION OF A MINOR OF THE PROCEDURES AVAILABLE UNDER THE NATIONAL CHILDHOOD VACCINE INJURY ACT OF 1986 (PUB. L. 99 660) TO SEEK RECOVERY FOR UNREIMBURSED EXPENSES FOR CERTAIN INJURIES ARISING OUT OF THE ADMINISTRATION OF CERTAIN VACCINES.~~

~~18 4A 04.~~

~~(A) IN THE ABSENCE OF WILFUL MISCONDUCT OR GROSS NEGLIGENCE, A HEALTH CARE PROVIDER WHO ACCEPTS THE HEALTH HISTORY AND OTHER INFORMATION GIVEN BY A PERSON WHO IS DELEGATED THE AUTHORITY TO CONSENT TO THE IMMUNIZATION OF THE MINOR IS NOT LIABLE FOR AN ADVERSE REACTION TO AN IMMUNIZATION OR FOR OTHER INJURIES TO THE MINOR RESULTING FROM FACTUAL ERRORS IN THE HEALTH HISTORY OR INFORMATION GIVEN BY THE PERSON TO THE HEALTH CARE PROVIDER.~~

~~(B) AN INDIVIDUAL WHO CONSENTS UNDER § 18 4A 01 OR § 18 4A 02 OF THIS SUBTITLE, A PHYSICIAN, NURSE, OTHER HEALTH CARE PROVIDER LICENSED TO PRACTICE IN THE STATE, OR A PUBLIC HEALTH CLINIC, HOSPITAL, OR OTHER MEDICAL FACILITY IS NOT LIABLE FOR DAMAGES ARISING FROM AN IMMUNIZATION ADMINISTERED TO A MINOR AS AUTHORIZED UNDER § 18 4A 01 OR § 18 4A 02 OF THIS SUBTITLE EXCEPT FOR THE PERSON'S OR FACILITY'S OWN ACTS OF NEGLIGENCE.~~

~~18 4A 05.~~

~~(A) AN ADULT WHO HAS CARE AND CONTROL OF A MINOR AS THE PRIMARY CAREGIVER OF THE MINOR MAY FILE A PETITION IN THE DISTRICT COURT IN THE COUNTY IN WHICH THE MINOR IS A RESIDENT REQUESTING THE AUTHORITY TO CONSENT FOR THE IMMUNIZATION OF THE MINOR FOR WHOM THE ADULT IS THE PRIMARY CAREGIVER.~~

~~(B) A PETITION TO GRANT AUTHORITY FOR THE ADULT TO CONSENT FOR THE IMMUNIZATION OF THE MINOR FOR WHOM THE ADULT IS THE PRIMARY CAREGIVER SHALL STATE:~~

~~(1) THE FULL NAME, ADDRESS, AND DATE OF BIRTH OF THE MINOR, IF KNOWN;~~