



Warren County Health Department

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PARENT/GUARDIAN CONSENT AUTHORIZATION

The purpose of this form letter is to eliminate barriers in seeking immunizations for children. This office will need the signature of a parent or guardian before any immunizations may be given.

I, _____, give permission for
(Parent/Guardian)

_____ to authorize the administration of all
(Person presenting child)

appropriate immunizations as required by ACIP guidelines for my child

(Child's Name/Date of Birth)

The person presenting the child shall read and sign all vaccine information materials and forms.

Signature of Parent/Guardian

Date Signed

(It is the policy of this office to accept this written permission up to two weeks after signature date, unless we receive notice from parent/legal guardian stating otherwise.)