



Public Health

I, _____ the undersigned parent, legal guardian, or person
 (Parent/Guardian's Full Name)
 having legal custody of _____ do hereby authorize
 (Please Print Full Name of Child)

_____ to represent me as Guardian and provide consent
 (Please print name of Adult bringing child to clinic)

to the appropriate licensed health care provider of the Huron County Public Health to proceed with the administration of the appropriate vaccines based on age and the schedule recommended by the Ohio Department of Health for my child, a minor, noted above. I understand that the Immunization Guidelines followed by the Huron County Public Health staff are the same as recommended by the Ohio Department of Health and the American Academy of Pediatrics. Please send the child's shot record along to the appointment.

CHILD'S DATE OF BIRTH _____

It is mandatory that you bring the child's shot record with you

Please complete other information about the above named child;

YES	NO	Has the above named child ever had:
		Convulsions or seizures?
		A severe reaction to any vaccine, eggs, medication, or gelatin?
		Does the patient have cancer, leukemia, AIDS, or any other immune system problem, or have they taken cortisone, prednisone, other steroids, anticancer drugs or x-ray treatments in the last 3 months?
		Is the patient sick today?
		Is this person pregnant or at the risk of becoming pregnant in the next month?
		Has the patient had any blood, plasma, or immune (gamma) globulin transfusion in the last six months?

PLEASE PROVIDE ADDITIONAL INFORMATION ON ANY YES ANSWERS

Parent, Guardian, and Adult signatures are in recognition and acceptance of the content of this page.

Parent/Guardian Signature: _____ Date ____/____/____

Home telephone _____ Other telephone I may be reached _____

Adult bringing child to clinic Signature: _____ Date ____/____/____

I have received a copy or had one made available to me through the Huron County Public Health's web site and have read, or had read to me, the information contained in the appropriate Vaccine Information Statement (V.I.S) about the disease(s) and vaccine(s) that my dependent will receive. I have had a chance to ask questions, (by calling the Huron County Public Health office) which were answered to my satisfaction. I believe I understand the benefits and risks of the vaccine(s) to be received. (V.I.S. forms are located at <http://www.cdc.gov/vaccines/pubs/vis/default.htm>)