



Public Health
Prevent. Promote. Protect.

DUBOIS COUNTY HEALTH DEPT.

Permission for child to be vaccinated when parent is not present.

COPY OF PARENT/GUARDIAN PHOTO ID MUST BE ATTACHED

Child's name: _____

Date of Birth: _____

Address: _____

City: _____

State: _____

Zip: _____

Parent/Guardian Name: _____

Cell #: _____

Parent/Guardian Name: _____

Cell #: _____

Has your child:

- had a severe reaction to any medicines, including vaccines, _____
- any known allergies, or _____
- a condition for which he or she has, or is, receiving medical treatment. _____

Individuals who you are giving permission to bring your child for vaccinations.

Name: _____ Relationship _____

Name: _____ Relationship _____

By signing this form you will be giving consent for your child to receive all age indicated vaccines according to ACIP guidelines.

Signed: _____

Date: _____

For any questions please contact our office at (812) 481-7056. Fax information to (812) 481-7069.