

Huron County General Health District  
 180 Milan Avenue Norwalk OH 44857  
 (419)668-1652 or 1-888-694-2443  
 (Within Huron County)

Authorization for Immunizations of children birth through 10 years

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 General Health District 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 General Health District are the same as recommended by the Ohio Department of Health and the American Academy of Pediatrics. Please complete on this form any vaccines the child has already received or send the child's 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; or
		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?

Parent, Guardian, and Adult signature's are in recognition and acceptance of the content of this page.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Adult bringing child to clinic Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

I have received a copy or had one made available to me through the Huron County General Health District'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 Health Department at 1-888-694-2443 toll free) 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>)