



HENRY COUNTY HEALTH DEPARTMENT

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PROMOTING HEALTH AND QUALITY OF LIFE FOR ALL RESIDENTS OF HENRY COUNTY

THIRD PARTY IMMUNIZATION/INVASIVE PROCEDURE PERMISSION FORM

PURPOSE – TO ENABLE THE PARENT TO AUTHORIZE THE PROVISION OF IMMUNIZATIONS/TESTING/SCREENING FOR CHILD(REN) WHILE UNDER THE SUPERVISION OF THE UNDERSIGNED CAREGIVER

Name of Child: _____ Date of Birth _____

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Residential Parent: _____

Mother: _____ Father: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

I, the undersigned parent/guardian, acknowledge that I have been informed of the routine immunization schedule for children by the Henry County Health Department Immunization Staff (hereinafter: Staff) and/or the test/screening that is required. At this point in time, I elect to have this child(ren), immunized against all communicable diseases which he/she could be protected and/or tested/screened as needed.

I hereby give permission to _____ (hereinafter: Caregiver) to have my child(ren) immunized/tested/screened. This Caregiver is knowledgeable of my child(ren) and is capable of completing the Screening Questionnaire for Child and Teen Immunizations, as well as any other related immunization consent/authorization documents.

The undersigned hereby releases and forever discharges the Henry County Health Department, its directors, medical staff, agents, employees, and any other persons connected with the County of Henry, from all claims, damages, and causes of actions that may arise from having this child(ren) properly immunized, tested, screened, as described herein. This release will be binding on the undersigned, the above child(ren), the spouse of the undersigned, and on the heirs, legal representatives, and assigned of the undersigned.

By signing below, the undersigned has read all the terms of this instrument and understands that he/she is signing a complete release and bar to any claim resulting from having this child(ren) immunized, tested, screened, as described herein.

Parent/Guardian: _____ Date: _____

Caregiver: _____ Date: _____