Seneca County General Health District, 71 S. Washington St., Tiffin, 419-447-3691

Immunization Consent Form for Children ages Birth to 18 years

I, _____ the undersigned parent, legal guardian, or person having legal custody of _____ do hereby authorize _____ to represent me as Guardian and provide consent to the appropriate licensed health care provider of the Seneca County General Health District (SCGHD) to proceed with the administration of the appropriate vaccines based on age and the schedule recommended by the Center for Disease Control and Prevention (CDC) for my child, a minor, noted above.

It is mandatory that you send the child's shot record and current health insurance card along to the appointment.

	CHILD'S DATE OF BIRTH _____	Yes	No	N/A
1	Is the child sick today?	☐	☐	
2	Does the child have allergies to medications, food, a vaccine component (gelatin), or latex?	☐	☐	
3	Has the child had a serious reaction to a vaccine in the past?	☐	☐	
4	Has the child had a health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, or a blood disorder? Is he/she on long-term aspirin therapy?	☐	☐	
5	If your child is a baby, have you ever been told he or she has had intussusception?	☐	☐	☐
6	Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	☐	☐	
7	Does the child or family member have cancer, leukemia, AIDS, or any other immune system problems?	☐	☐	
8	In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease or psoriasis; or had radiation treatments?	☐	☐	
9	In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	
10	FEMALES: Is the child/teen pregnant or is there a chance she could become pregnant in the next month?	☐	☐	☐
11	If your child is between the age 1 to 6, has he/she been tested for lead poisoning with the past year?	☐	☐	☐
12	Has the child received any vaccines in the past 4 weeks?	☐	☐	

I have received a copy or had one made available to me through the Seneca 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 vaccines(s) that my dependent will receive. I believe I understand the benefits and risks of the vaccine(s) to be received. (V.I.S. forms are located at https://www.cdc.gov/vaccines/hcp/vis/current-vis.html) I have had a chance to ask questions, (by calling the Seneca County General Health District office) which were answered to my satisfaction. I understand the required vaccine information for my dependent is being sent to a central registry at the Ohio Department of Health.

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

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

Home telephone: _____ Other telephone I may be reached at: _____

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