



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.

Table with 12 rows of questions and 3 columns: Yes, No, N/A. Questions include: 'Is the child sick today?', 'Does the child have allergies...', 'Has the child had a serious reaction...', 'Has the child had a health problem with lung, heart, kidney or metabolic disease...', 'If your child is a baby, have you ever been told he or she has had intussusception?', 'Has the child, a sibling, or a parent had a seizure...', 'Does the child or family member have cancer, leukemia, AIDS...', 'In the past 3 months, has the child taken medications that affect the immune system...', 'In the past year, has the child received a transfusion of blood or blood products...', 'FEMALES: Is the child/teen pregnant or is there a chance she could become pregnant in the next month?', 'If your child is between the age 1 to 6, has he/she been tested for lead poisoning with the past year?', '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 ____/____/____

