



Richland Public Health

555 Lexington Ave., Mansfield, OH 44907

419-774-4500 • www.richlandhealth.org

Consent For Immunization of Minors

The purpose of this consent form is to permit the immunization or emergency treatment when parents or guardians do not personally accompany the minor to the clinic.

I, _____, of _____,

[Name)

(Address)

(Father, Mother, or Guardian)

, of

(Minor's Name)

give my consent for _____ to obtain immunizations, and if necessary,

(Authorized Person)

emergency treatment for _____ in the event he/she

(Minor's Name)

has an injury or needs medical care, and all reasonable attempts have been made to contact me at

_____ for consent to the treatment have been unsuccessful, I consent to the following:

(Phone Number)

1) Authorization for consent for treatment may be given by _____

(Authorized Person)

2) The administration of all necessary medical treatment by

(Provider)

(Phone Number)

3) The transfer of the minor, if necessary to _____ hospital.

Additional Information

Allergies
Medications being taken
Medical history

Signatures

Parent/Legal Guardian	Date
Authorized Person	Date
Witness	Date

If a court-appointed guardian signs this consent, please provide case number and court where guardianship was established.

Court

Case Number

***The person authorized should present this form at time of treatment and should be prepared to present identification for themselves and a copy of the parent/guardian's identification.**