ALLEGAN COUNTY HEALTH DEPARTMENT

AUTHORIZATION FOR NON-PARENT/NON-GUARDIAN

CONSENT FOR IMMUNIZATION

I hereby consent for my child _____ to be immunized by the Allegan County Health Department. I also authorize _____ to accompany my child for such immunizations.

I have been given a copy and have read, or have had explained to me, the information contained in the VACCINE INFORMATION STATEMENT about the disease(s) and their vaccine(s), which are to be administered. I have read and completed the CHILD ASSESSMENT on the **reverse side** of this consent form. I have had a chance to ask questions by calling the Allegan County Health Department. I believe I understand the benefits and risks of the specific vaccines. I ask that the vaccine(s) I have requested be given to the person named above for whom I am authorized to make this request, and I ask that the administration of the vaccine(s) be recorded in my child's medical record and in the MCIR. (*Please bring the Immunization Record and insurance cards for the person receiving the shots.)*

This consent form should be signed and dated, and child assessment completed within **24 hours** prior to your child receiving the vaccine(s).

_____ _____

Parent/Legal Guardian Signature **Date**

Any questions/concerns, please call:
Allegan County Health Department (269) 673-5411 or (269) 673-5526