

Dubois County Health Department
1187 S. St. Charles Street
Jasper, IN 47546



Phone: 812-481-7050
Fax: 812-481-7069
dchealth@duboiscountyin.org

This form gives permission for child to be vaccinated when parent is not present. This form is valid for 12 months. It is your responsibility to inform us if there are changes to this form. Please call us at 812-481-7056 with any questions/concerns.

A copy of the parent's ID who is granting permission to vaccinate and a copy (front and back) or actual insurance card for the child must be brought to the appointment.

Child's name: _____

Date of Birth: _____

Address: _____

Parent/Guardian Name: _____ Cell #: _____

Parent/Guardian Name: _____ Cell #: _____

Has your child:

- Had a severe reaction to any medicines, including vaccines: _____
- Any known allergies: _____
- A condition for which he or she has, or is receiving medical treatment: _____

Individuals for which you are giving permission to bring your child in for vaccinations.

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

Name: _____ Relationship: _____

By signing this form, you will be giving consent for your child to receive all age indicated vaccines according to ACIP (American Center Immunization Practices) guidelines.

Signed: _____ **Date:** _____

The Dubois County Health Department is committed to preservation efforts that promote and protect our Communities health by serving with dedication, respect, and responsibility