Calumet County Public Health
206 Court St, Chilton, WI 543014
(920) 849-1432
(920) 849-1476 Fax

Authorization for Immunization of a Minor

A parent or legal guardian must consent for a child younger than 18 years of age for immunizations provided by Calumet County Public Health. Please complete this form if your child will be coming to an immunization clinic visit without a parent or legal guardian. The person authorized to accompany your child must be an adult 18 years of age or older.

Minor Patient	Name		
	Address		
	City	State	Zip
	Date of Birth		

Authorization

I authorize _____ _____
Name of person(s) being authorized Relationship to minor

to give consent to immunizations for my child listed above. The above-named individual may also answer questions about my child's medical history necessary to determine vaccines recommended. This includes questions about my child's immunization history, allergies, recent medications, and any medical condition my child has*.

Parent/Legal Guardian Signature _____
Date Signed _____
Phone number (in case of emergency) _____

*Please see the Screening Checklist for Contraindications to Vaccines posted online to review questions required. You may print and send this with your child.

Office Use Only

____ Dtap
____ Flu Shot
____ Flumist
____ Hepatitis A
____ Hepatitis B
____ Hib
____ HPV
____ IPV
____ Kinrix
____ Menactra
____ Men B
____ Pediarix
____ Pentacel
____ Prevnar
____ RotaTeq
____ Td
____ Tdap
____ Varicella