



Morgan County Health Department
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Morgan County Health Department

Third Party Immunization Consent Form

Purpose: To enable the parent to authorize the provision of immunization for their child while under the supervision of the undersigned caregiver.

Name of CHILD to be immunized: _____ Date of Birth: _____
(Please print **child's** name)

Parent/Guardian Name: _____ Phone: _____
(Please print **your** name)

Your address: _____
Street Apt# Town State Zip Code

Person who has permission to have my child immunized (Caregiver): _____
Please Print

Parent/Guardian Signature Date: _____

Caregiver Signature Date: _____

In lieu of a signed consent, a verbal phone call was made to parent/guardian of the above-named child. Verbal consent was obtained from _____
(parent or guardian) on ____/____/____ by _____
MCHD nurse.

Date: ____/____/____
(Nurse Signature)