Public Health
Prevent. Promote. Protect.
Taney County Health Department
An Accredited Local Public Health Department

Authorization to Consent for Immunizations

Child's Name_____ DOB_____ Address_____

I, _____ the parent or legal guardian of the above named child hereby authorize the following person(s) to provide consent for immunizations in my absence.

Full Name _____ Phone _____

Full Name _____ Phone _____

Full Name _____ Phone _____

I give permission for the above named child to receive the following immunizations as recommended by the Missouri Department of Health and Centers for Disease Control (CDC).

Please mark all immunizations authorized to be given:

☐	Dtap/Tdap/Td
☐	IPV
☐	Hib
☐	Pneumococcal
☐	Rotavirus
☐	Hepatitis B
☐	Hepatitis A
☐	MMR
☐	Varicella
☐	HPV
☐	Meningoccal
☐	Influenza

Parent or Legal Guardian Signature Date

Phone Number

Witness Date