

**Consent for a Minor to Receive Immunization Services**

Child's name

\_\_\_\_\_

Child's address

\_\_\_\_\_

\_\_\_\_\_

Parent's telephone

\_\_\_\_\_

Parent/Guardian name

\_\_\_\_\_

Physician name

\_\_\_\_\_

Type of insurance

\_\_\_\_\_

If Medicaid, number

\_\_\_\_\_

I \_\_\_\_\_, give permission to \_\_\_\_\_  
(Parent/Guardian) (name of person bringing child)

to bring my child named above to the Genesee County Health Department for immunizations on \_\_\_\_\_  
(date)

\_\_\_\_\_  
(Parent/Guardian signature) (date)

I understand that all recommended vaccines will be given unless otherwise noted below.

\_\_\_\_\_  
If you have any questions prior to the clinic visit, please call the Immunizations Clinic at:

810-237-4540 or  
810-237-4569 or  
810-237-4546