



Darke County General Health District

Jordan Francis, MPH, Health Commissioner

Contributing to a Stronger, Healthier Community

I, _____, _____ do
(name) (relationship)

hereby authorize permission for _____ to
(guardian, grandparent, babysitter, etc.)

bring my child _____, _____, to the
(name of child) (date of birth)

Darke County Health Department Immunization Clinic to receive the necessary immunizations.

I am authorizing _____ to sign the immunization
(name of adult stated above)

forms required for my child, _____, to receive the following
(name of child)

immunizations _____, on _____.
(list vaccine) (date)

Parent's Signature

Parent's Address

Parent's Home Phone:

