



Date: _____

I, _____ Parent/Legal Guardian (circle one)

of _____ consent to having my child

assessed and /or provided immunizations at Wyandot County Public Health without

me being present.

The following individuals are permitted to bring my child in for services:

| | | |
|----|-------|--------------|
| 1. | _____ | _____ |
| | Name | Relationship |

| | | |
|----|-------|--------------|
| 2. | _____ | _____ |
| | Name | Relationship |

Signature of Parent/Legal Guardian

Witness

6/19/17