

Wyandot County



Public Health
Prevent. Promote. Protect.



Wyandot County Public Health

127- A South Sandusky Avenue
Upper Sandusky, OH 43351
Phone 419-294-3852 | Fax 419-294-6435
www.wyandothealth.com
Equal Opportunity Employer/Provider

Consent to Immunize for Minors

Patient Name: _____

Patient DOB: _____

Parent/Guardian Name: _____

Parent/Guardian DOB: _____

Parent/Guardian Address: _____

Parent phone number: _____

Name of person bringing minor to appointment (*a photo I.D. may be requested at visit*):

By signing below, I attest that I have reviewed the vaccine information statements for applicable vaccines, answered the health assessment/pre-vaccination checklist questions, discussed benefits vs. risks with a WCPH nurse, and signed appropriate consents including the consent to immunize for minors.

I AUTHORIZE Wyandot County Public Health to provide immunizations to my child as determined by the nurse, and if necessary, give consent to obtain emergency treatment after all reasonable attempts have been made to contact me. The person named above has my permission to bring my child for immunizations.

Parent/Guardian signature

Date