



CLAY COUNTY

PUBLIC HEALTH CENTER



Clay County Public Health Center

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Liberty, MO 64068

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Website: www.clayhealth.com

AUTHORIZATION for IMMUNIZATION CONSENT (by other than biological parent/legal guardian)

I, _____ am the: (Choose one) _____ biological parent
(Printed name of biological parent or legal guardian) _____ legal guardian

I authorize: _____ to give consent for: _____,
(Printed name) (Printed name of client)

_____ to receive any and all immunizations recommended by CDC (Center for Disease
(Client's date of birth) Control) and ACIP (Advisory Committee on Immunization Practices).

This authorization will be in effect until:

For client under 18 years of age: ___ child turns 18 years old or _____
(Checkmark) or (Specify date here if not through age 18)

For adults aged 18 years of age & older: ___ ongoing or _____
(Checkmark) or (Specify date here if time-limited)

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Numbers-Please include all daytime numbers, i.e. home, cell, work)

(Witness Signature)

(Date)

Developed 08-2010TTRN, Revised 12-2010

The mission of Clay County Public Health Center is to prevent disease, promote and protect the health of Clay County residents by assessing needs, developing policies and programs, and assuring access to quality health services.

An Equal Opportunity/Affirmative Action Employer
Services provided on a non-discriminatory basis.