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## THIRD PARTY IMMUNIZATION/INVASIVE PROCEDURE PERMISSION FORM

**PURPOSE** – TO ENABLE THE PARENT TO AUTHORIZE THE PROVISION OF  
IMMUNIZATIONS/TESTING/SCREENING FOR CHILD(REN) WHILE UNDER THE SUPERVISION OF THE  
UNDERSIGNED CAREGIVER

Name of Child: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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Name of Child: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Parent: \_\_\_\_\_

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Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

I, the undersigned parent/guardian, acknowledge that I have been informed of the routine immunization schedule for children by the Henry County Health Department Immunization Staff (hereinafter: Staff) and/or the test/screening that is required. At this point in time, I elect to have this child(ren), immunized against all communicable diseases which he/she could be protected and/ or tested/screened as needed.

I hereby give permission to \_\_\_\_\_ (hereinafter: Caregiver) to have my child(ren) immunized/tested/screened. This Caregiver is knowledgeable of my child(ren) and is capable of completing the Screening Questionnaire for Child and Teen Immunizations, as well as any other related immunization consent/authorization documents.

The undersigned hereby releases and forever discharges the Henry County Health Department, its directors, medical staff, agents, employees, and any other persons connected with the County of Henry, from all claims, damages, and causes of actions that may arise from having this child(ren) properly immunized, tested, screened, as described herein. This release will be binding on the undersigned, the above child(ren), the spouse of the undersigned, and on the heirs, legal representatives, and assigned of the undersigned.

By signing below, the undersigned has read all the terms of this instrument and understands that he/she is signing a complete release and bar to any claim resulting from having this child(ren) immunized, tested, screened, as described herein.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Caregiver: \_\_\_\_\_ Date: \_\_\_\_\_