



Public Health
Prevent. Promote. Protect.

Cooper County Public Health Center

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PARENT CONSENT AUTHORIZATION

This form aims to eliminate barriers to seeking immunizations for children. This office will need the signature of a parent or legal guardian before any immunizations may be given.

I, _____, give permission for

(Parent/Legal Guardian) _____ to authorize the

administration of all (Person presenting child) appropriate immunizations as required by ACIP guidelines for my child (Child's Name/Date of Birth)_____.

The person presenting the child shall read and sign all vaccine information materials and forms.

Signature of Parent/Legal Guardian

Date Signed

(It is the policy of this office to accept this written permission up to two weeks after the signature date unless we receive notice from the parent/legal guardian stating otherwise.)