

LENAWEE COUNTY HEALTH DEPARTMENT

1040 S. Winter Street, Suite 2328
Adrian, MI 49221

Phone | 517-264-5226
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LenaweeHealthDepartment



Authorization for Immunization of Minors

Parent/ Legal Guardian Name(s) _____

I, the biological parent(s) or legal guardian(s)* of _____ / /
Child name (please print) Date of Birth

give permission to the following person(s) to accompany the above-named child to the immunization clinic, to complete the vaccine screening and billing form and to sign for the administration of all vaccines due at the time of visit unless specifically declined in writing.

* (Legal Guardianship requires written proof to be attached)

Authorized adults:

_____	_____	() - -
Name (please print)	Relationship	Phone
_____	_____	() - -
Name (please print)	Relationship	Phone
_____	_____	() - -
Name (please print)	Relationship	Phone

This authorization is active until such time it is cancelled in writing or a new updated authorization is received.
I understand that I am responsible for any fees not otherwise covered by insurances or vaccine programs.

Authorized Signature: _____ Date ____/____/____

Authorized Name (please print) _____ Date of Birth: ____/____/____

Address: _____ Phone: ()- -

Insurance Information

None _____ Medicaid _____

Private Insurance (please attach copy of insurance card)

Insurance _____ Enrollee ID _____

Enrollee (if different than authorizing signature) _____ Date of Birth ____/____/____

List any vaccine(s) you are declining _____
