

LEE COUNTY HEALTH DEPARTMENT

IMMUNIZATION AND LEAD SCREENING PERMISSION FORM FOR MINORS

Child's Name:	
Date of Birth:	

I, _____ *please print Parent/Guardian name* _____, give Lee County Health Department (LCHD) my consent to provide my child, _____ *please print child's name* _____, with

Age appropriate immunizations as outlined in the Center for Disease Control's (CDC) "Recommended Immunization Schedule for Children and Adolescents Aged 18 Years and Younger". <https://www.cdc.gov/vaccines/schedules/easy-to-read/child-easyread.html>.

AND/OR

Age appropriate capillary (finger poke) lead screening as outlined in at the CDC webpage <https://www.cdc.gov/nceh/lead/parents.htm>.

Furthermore, I give my consent for _____ *please print accompanying adult's name, relationship* _____

to bring my child to LCHD clinics to receive the vaccinations and/or lead screening, complete the administration intake form and give informed consent on my behalf.

- I acknowledge that I have been given the opportunity to review the Lee County Health Department's Notice of Privacy Practices. http://www.leecountyhd.org/files/8713/8124/2011/LCHD_Privacy_Notice.pdf
- I acknowledge I have reviewed the "Recommended Immunization Schedule" and "Vaccine Information Statements" for the vaccines my child will receive at <https://www.cdc.gov/vaccines/hcp/vis/current-vis.html>

A new form must be used with each encounter at Lee County Health Department.

Signature of Parent or Guardian

Date