Williams County Health Department

3rd Party Consent Form

Name of the Child: Date of Birth:

Address: Telephone:

Parent or Guardian's Name:

Person who has my permission to have my child vaccinated (Caregiver):

The following questionnaire will help us determine which vaccines may be given. If you answer "yes" to any questions, it does not necissarily mean that your child should not be vaccinated. It just means that we need to ask additional questions.

	Yes	No	Don't Know
1. Is the child sick today?	☐	☐	☐
2. Is the child allergic to medications, food, a vaccine component, or latex?	☐	☐	☐
3. Has the child had a serious reaction to a vaccine in the past?	☐	☐	☐
4. Does the child have a long-term health problem with lung, heart, kidney or metabolic disease (e.g., diabetes), asthma, a blood disorder, no spleen, complement component deficiency, a cochlear implant, or a spinal fluid leak? Is he/she on long-term aspirin therapy?	☐	☐	☐
5. If the child is 2 through 4 years of age, has a healthcare provider told you that the child had wheezing or asthma in the past 12 months?	☐	☐	☐
6. If your child is a baby, have you ever been told that they had intussusception?	☐	☐	☐
7. Has the child, a sibling, or a parent had a seizure; has the child had brain or other nervous system problems?	☐	☐	☐
8. Does the child have cancer, leukemia, HIV/AIDS, or any other immune system problem?	☐	☐	☐
9. Does the child have a parent, brother, or sister with an immune system problem?	☐	☐	☐
10. In the past 3 months, has the child taken medications that affect the immune system such as prednisone, other steroids, or anticancer drugs; drugs for the treatment of rheumatoid arthritis, Crohn's disease, psoriasis; or had radiation?	☐	☐	☐
11. In the past year, has the child received a transfusion of blood or blood products, or been given immune (gamma) globulin or an antiviral drug?	☐	☐	☐
12. Is the child/teen pregnant or is there a change that she could become pregnant during the next month?	☐	☐	☐
13. Has the child received vaccinations in the past four weeks?	☐	☐	☐

I have answered the above questions to the best of my knowledge. I also grant the permission for this record to be released to providers, health departments, schools, day-care centers, WIC, and community and state immunization registry database. I am the parent/guardian of the child listed above. I give permission to the person listed to have my child immunized and confirm that this person is familiar with my child's medical history. I give them the authority to make decisions about the required and recommended vaccination to be provided to my child at this visit only. I have instructed them to contact me if they have questions or concerns about the vaccines to be administered after reading the Vaccine Information Statements provided by the Health Department. This caregiver is knowledgeable of my child and I give them consent to sign the Immunization Consent Form at time of service. They are capable of completing and answering any questions from the above Immunization Screening Questionnaire. I will not hold the Williams County Health Department responsible for any decisions made by the person bringing my child for immunizations.

X

Parent/Guardian Signature Date

X

Caregiver Signature Date

April 28, 2023