



Department of Public Health
Monroe County, New York

Cheryl Dinolfo
County Executive

Michael D. Mendoza, MD, MPH, MS
Commissioner of Public Health

_____ (Date)

I _____ (name of parent/guardian) _____ (DOB of parent/guardian) allow
_____ (name of legal adult) to make decisions regarding immunization recommendations for my
son/daughter _____ (name) _____ (DOB).

My child has the following allergies: (If none, write none)

My child has the following health concerns: (if none, write none)

My child has had a serious reaction to a vaccine in the past: Yes or No (circle one)

If yes, please describe:

If you need to speak with me regarding these concerns, I can be reached at _____
(phone number).

Sincerely,

****ONLY VALID WITH PARENTS PHONE
NUMBER AND COPY OF PARENTS
PHOTO ID**

(signature of parent/guardian)