HAMILTON COUNTY HEALTH DEPARTMENT

PARENTAL IMMUNIZATION/TB SKIN TEST CONSENT FORM (for those of any age accompanied by an adult other than parent/legal guardian or unaccompanied minors 16 through 17 years of age)

The following information must be completed and a parent must sign this form before your child can receive immunization services or a TB skin test. Please contact the clinic if you need any assistance with this process or have questions regarding the vaccines.

Birchwood Clinic	(423) 209-5540	Ooltewah Clinic	(423) 209-5440
Family Health Clinic	(423) 209-8050	Sequoyah Clinic	(423) 209-5490
Immunization/International Travel Clinic	(423) 209-8340		

Is your child allergic to any food, medicine, or latex? ___no____yes (please list): _____

Does your child have any medical conditions? _____

Has your child received any antivirals, TB skin tests, or other vaccines in the past 4 weeks?____no___yes
If yes, please list: _____

Please complete this section if your child is receiving vaccine(s):

- Did your child have any reaction to previous immunizations?_____yes_____no
  If yes, what was the immunization? _____
- What kind of reaction did she/he have (check all that apply):
  - ☐ convulsion or seizures ☐ rash/itching ☐ breathing problems
  - ☐ other (please describe)_____
- Does your child have private insurance that covers vaccines?____no___yes (This question is to determine if your child qualifies for federally funded vaccine.)
- If you would like for us to bill TennCare, Private Blue Cross/ Blue Shield or United, your child must bring his/her insurance card with him/her at the time of service.
- If uninsured, you may also qualify for a reduced charge for vaccine administration – In order to determine this please provide: Gross monthly income_____Number in household _____

CONSENT: I give the Hamilton County Health Department permission to give my child

_____ (Child's Name) _____ (Date of Birth)

- ☐ a TB skin test or Interferon Gamma Release Assays (IGRA)
- ☐ Vaccines required for school entry
- ☐ Specific Vaccine (please list)_____
- ☐ I have read and understand the vaccine specific Vaccine Information Sheet/s (VIS) and do not have any questions.

_____ _____
Parent/Guardian Signature Date

Telephone number where parent/guardian can be reached for additional medical information or in the case of an emergency:		
Home:	Work:	Cell:

Health Department staff signature:_____
Form valid for 1 year from date of parent/guardian signature.

New form required for each additional vaccination visit.