

**CHATTANOOGA-HAMILTON COUNTY
HEALTH DEPARTMENT**

Encounter Label Here

**PARENTAL IMMUNIZATION/TB SKIN TEST
CONSENT FORM** (For minors age 16 thru 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.

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: _____

<p>Please complete this section if your child is receiving vaccine(s):</p> <ul style="list-style-type: none">• 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): <input type="checkbox"/> convulsion or seizures <input type="checkbox"/> rash/itching <input type="checkbox"/> breathing problems <input type="checkbox"/> other (please describe) _____ _____• If you would like for us to bill TennCare, your child must bring his/her TennCare card with him/her at the time of service.• 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 uninsured, you <u>may</u> 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 Chattanooga-Hamilton County Health Department permission to give my child _____ a TB skin test or any immunization due now and during the next twelve months.
(Child's Name and Date of Birth)

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:
Other emergency contact if parent cannot be reached:		
Name:	Phone:	