

**BROOKE COUNTY HEALTH DEPARTMENT
IMMUNIZATION AUTHORIZATION**

1. I am the natural parent____ /legal custodian____ of _____, a child under the age of eighteen years.
2. I hereby authorize_____ to deliver the child named above to the Brooke County Health Department and to request said agency to provide immunizations listed below.
3. By my signature below, I certify that I have read and fully understand the contents of a document identified as:

_____ *Diphtheria, Tetanus, and Pertussis (Dtap)(Tdap) or Tetanus and Diphtheria (Td)*

_____ *Polio (IPV) Vaccine*

_____ *Measles Mumps & Rubella (MMR) Vaccine or Measles Mumps Rubella & Varicella (MMRV)*

_____ *Haemophilus Influenzae Type b (Hib) Vaccine*

_____ *Hepatitis A (Hep A) Vaccine*

_____ *Hepatitis B (Hep B) Vaccine*

_____ *Chicken Pox (Varicella) Vaccine*

_____ *Prevnar (Pneumonia) Vaccine*

_____ *Meningococcal (Menactra) Vaccine*

_____ *Human Papillomavirus (HPV) Vaccine*

_____ *Rotavirus Vaccine*

_____ *Influenza Vaccine*

Dated: _____

Parent/Legal Custodian

Witness