

**Macon County Health Department
Permission/Proxy Form**

The Permission/Proxy Form allows you to designate a person (other than yourself) 18 years of age or older to bring your child to the Immunization, Lead, and/or TB clinic; stay during treatment; sign consent for treatment and related forms, including a medical history form as needed. The Permission/Proxy Form must be signed by you **and** the person you designate as a proxy prior to a child's appointment.

PLEASE NOTE: Step-parents must be designated as a proxy unless there is legal documentation of guardianship.

Child's Name: _____ Date of Birth: _____

I, _____, give my permission for
Parent or Legal Guardian

1) _____ 2) _____
Designated person Designated person

to bring my child to his/her appointment(s), for all recommended/required vaccines (CIRCLE ONE) and to be present for consent during appointment. I can be reached at phone number _____ for any questions regarding my child's appointment.

Signatures of Proxies:

1) _____ 2) _____
Signature of designated person listed above Signature of designated person listed above

I understand that this permission form must be in my child's record before treatment can be provided without a parent or legal guardian present.

Parent/Legal Guardian's signature: _____

Date: _____