



## PERMISSION TO GIVE IMMUNIZATIONS

I, \_\_\_\_\_ give permission to  
(Parent full name and date of birth)

\_\_\_\_\_ to accompany my child,  
(Full name of person given permission and relationship)

\_\_\_\_\_, to receive their immunizations from the Southwest  
(Full name of child and date of birth)

Utah Public Health Department (SWUPHD).

I give permission for my child to receive the following vaccines as needed:

- All vaccines **required for school**
- All **recommended** vaccines

**OR** specifically check the vaccines you as the parent give permission to be administered:

- |  |  |
|--|--|
| <input type="checkbox"/> Diphtheria, Tetanus, and Pertusis ( <b>DTaP/Tdap/TD</b> ) | <input type="checkbox"/> Pneumococcal ( <b>PCV20</b> )   |
| <input type="checkbox"/> Haemophilus Influenzae Type B ( <b>Hib</b> )              | <input type="checkbox"/> Polio ( <b>IPV</b> )            |
| <input type="checkbox"/> Hepatitis A ( <b>HepA</b> )                               | <input type="checkbox"/> Rotavirus ( <b>RV</b> )         |
| <input type="checkbox"/> Hepatitis B ( <b>HepB</b> )                               | <input type="checkbox"/> TB test                         |
| <input type="checkbox"/> Influenza ( <b>flu</b> )                                  | <input type="checkbox"/> Varicella ( <b>chickenpox</b> ) |
| <input type="checkbox"/> Measles, Mumps, and Rubella ( <b>MMR</b> )                | <input type="checkbox"/> COVID                           |
| <input type="checkbox"/> Meningococcal ( <b>MenACWY, MenB</b> )                    |  |

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- I have included a copy of my **current Photo ID** as required by the SWUPHD.
  - I have included the **completed intake form signed** by me as the parent.
  - Please give an **end date of permission:** \_\_\_\_\_ **OR** allow permission until child turns 18.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Staff Signature