



Fayette County Health Department

Public Health
Prevent. Promote. Protect.

202 Church Street
Fayetteville, WV 25840

Phone: 304-574-1617
Fax: 304-574-1370

SUBSTITUTE CONSENT

I, _____, parent or guardian of the following child/children _____, do give permission to the Fayette County Health Department to administer vaccine/tests identified below and further give consent for (name a substitute adult bringing child/children) _____ to sign office documents/consents on my behalf on (date of visit) _____.

I have had opportunity to read/consult regarding the vaccine(s) and agree to the administration of these vaccine(s) or TB test.

_____DTap/Td/DT.Tdap

_____Polio/IPV

_____MMR (measles, mumps, rubella)

_____Hib (Hemophilis Influenza b)

_____Hepatitis B

_____Meingococcal meningitis (Menactra)

_____Hepatitis A

_____Pevnar

_____Gardasil

_____Flu

_____Pneumococcal conjugate 23

_____Varicella (chickenpox)

_____Proquad (chickenpox and MMR combined)

_____Other (specify)

_____PPD (TB test)

SIGNATURE OF PARENT/GUARDIAN _____

DATE _____

PHONE I CAN BE REACHED AS NEEDED _____

Note: This substitute consent must accompany child and name "substitute" at EACH VISIT. Further FCHD reserves right to refuse or defer administration as medically, legally, programmatically appropriate. We may be reached at 304-574-1617.