



# COUNTY OF KENOSHA

John Jansen, Director  
Department of Human Services

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IF THE CHILD'S PARENT OR LEGAL GUARDIAN CANNOT ACCOMPANY THE CHILD TO THE CLINIC, THIS FORM MUST BE SIGNED BY THE PARENT OR LEGAL GUARDIAN.

I GIVE PERMISSION TO \_\_\_\_\_

TO BRING MY CHILD:

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO. DAY YR.

- FOR **IMMUNIZATIONS**
- FOR **LEAD TESTING**
- FOR **PPd TESTING**
- FOR **CHILD HEALTH EXAM**
- FOR **DENTAL FLOURIDE VARNISHING**

ONE FORM MUST BE COMPLETED FOR EACH CHILD.

\_\_\_\_\_  
Signature of Parent or Legal Guardian DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO. DAY YR.

\_\_\_\_\_  
Witness Signature DATE \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO. DAY YR.