Columbiana County Health District
P.O. Box 309 – 7360 State Route 45 – Lisbon, Ohio 44432
Phone: 330-424-0272 – **General Fax:** 330-424-1733 – **Nursing Fax:** 330-424-1843
Email: cchd@columbiana-health.org **Web:** www.columbiana-health.org

Awarded 2022

IMMUNIZATION CLINIC
NOTARIZED CONSENT

_____
(DATE)

I _____ give _____ the
(PARENT/ GUARDIAN) (DESIGNATED ADULT)

authority to have my child _____ immunized at the Columbiana
(CHILD'S NAME)

County Health District. This legal document is to remain in my child's permanent immunization file at the Columbiana County Health District.

_____
PARENT/GUARDIAN SIGNATURE

THIS FORM MUST BE NOTARIZED!