

EFFINGHAM 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 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. The form is kept in your child's chart. If at any time you want to change it by adding or subtracting a proxy, you may do so.

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), to be present during appointments, and to consent for all treatment to be performed.

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.

At this time I do not choose to designate a proxy.

Parent/Legal Guardian's Signature Date

Proxy forms are valid until parent/guardian chooses to change.

Return to: Effingham County Health Department
901 West Virginia Avenue
Effingham, IL 62401