



MAIN OFFICE
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To improve the health of our communities by identifying sustainable solutions to community health issues, developing partnerships for implementation of strategies, and demonstrating our success through measurement of outcomes.

IMMUNIZATION CONSENT BY RESPONSIBLE ADULT

As the parent or guardian of _____ is not readily available, and as a competent adult responsible for the care of this child, I am an appropriate responsible person to act under the circumstances, and as such, I give my consent for the above named child to have the recommended immunizations administered by Central District Health Department.

Signature of Relative

Date