



Crawford County Health Department

202 N. Christopher Boulevard
Robinson, Illinois 62454

Phone: 618-544-8798
Fax: 618-544-9398
Website: www.cchd.net

I _____ give my permission
(Parent/guardian first & last name)

for _____ to consent and
(First & last name of accompanying adult)

accompany my child _____ for their
(First & last name & date of birth of child)

immunizations on _____.
(date of appointment)

Parent/guardian signature

Date

“Promoting Health, Preventing Illness, and Protecting our Environment.”