



Public Health
Prevent. Promote. Protect.

Tuscarawas County
Health Department

Unaccompanied Minor Consent Form

Date of appointment: _____

Name of Minor to be treated: _____ DOB: _____

Name of accompanying adult: _____ Relation: _____

The accompanying adult will need to present his/her ID card at the time of the appointment.

Reason/Permission for visit:

____ *Medical appointment for:* _____

____ *Vaccine administration for:* _____

____ It is permitted to administer additional vaccines that may need to be administered for the minor to be up to date on vaccines

____ It is NOT permitted to administer additional vaccines that may need to be administered for the minor to be up to date on vaccines


____ *Sports/School Physical*



Name of Parent/Guardian: _____ Date: _____


Signature: _____ Phone Number: _____

**IN ADDITION TO THE FORM, THE MINOR WILL NEED TO PRESENT
INSURANCE CARD OR A FRONT/BACK COPY OF THE INSURANCE CARD**

9/14/22ak

 897 E. Iron Ave.
Dover, OH 44622

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 (330) 343-1601

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 director@tchdnow.org

