



**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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