



**WARREN C. EVANS**  
**WAYNE COUNTY EXECUTIVE**

I, \_\_\_\_\_ give permission for my child,  
Parent/Guardian name

\_\_\_\_\_, to receive  
Child's name Birth Date

immunizations required for school attendance from the Wayne County Health Department at Allen Park Middle School. This includes age-appropriate, required vaccines: (Diphtheria, Tetanus, Pertussis (DTaP, Tdap, Td), Measles, Mumps, Rubella (MMR), HIB, Pneumococcal, Hepatitis B, Polio, Varicella (chickenpox), Meningitis ACWY;

Recommended vaccines will also be administered which include COVID, HPV, Hepatitis A, and Influenza).

The health dept will administer all required and recommended vaccines unless indicated below. Vaccine information sheets will be available at the event or online at [www.michigan.gov/vis](http://www.michigan.gov/vis)

**If there are vaccines I choose not to have administered, I will indicate here:**

\_\_\_\_\_  
\_\_\_\_\_

Health history questions (Must be answered):

Is your child: Check YES or NO

	YES	NO
Currently sick, have fever or illness?		
Currently under medical treatment?		
Received medicine or shots in past month?		
Any allergies? (Egg, neomycin, streptomycin, yeast products, mercurial products, gelatin, thimerisol, alum, and 2-phenoxyethol?		
Received blood, plasma or any immune globulin in the past 6 months?		
Suffered from SEVERE reaction to previously administered vaccines?		
Convulsions or neurological disease?		
Diagnosed or being treated for cancer, leukemia, lymphoma, organ transplant, immune deficiency, being treated with steroids (cortisone-like) or radiation?		
History of Gastrointestinal disease or intussusceptions?		
Vaccine Information sheets have been provided and understood?		

If I have any questions regarding the vaccines, I understand I may contact the Wayne County Dept of Public Health nurse at 734-727-7150 or 734-727-7068 to address my questions.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date