Parent Permission for Franklin County Public Health Immunization Clinic

The Franklin County Public Health services will provide a FREE TDAP booster immunization clinic to children who live in and attend school in the South-Western City Schools.

I understand that the South-Western City School District is providing this service to my child with my permission. I also understand that the school district is not responsible for medical bills that might be incurred by my family on behalf of medical care their children receive. (If parents receive a bill and cannot afford the services their children received, they should call the contact Franklin County Public Health 280 East Broad Street Columbus, Ohio 43215 614-525-3160).

I give my permission for the South-Western City School District staff to release/exchange any personally identifiable student information related to FERPA (The Family Educational Rights and Privacy Act) to Franklin County Public Health staff on behalf of my child.

I have signed a “Consent for Services” form from Franklin County Public Health allowing my child to receive services from the Franklin County Public Health.

By signing this release I give my permission for my child to receive medical/health services from the Franklin County Public Health.

_____	_____	_____
Student Name (print)	School	Grade
_____	_____	
Parent Name (print)	Relationship to Child	
_____	_____	
Parent Name (signature)	Address	
_____	_____	_____
Home Telephone	Cell Phone	Date