



Public Health
Prevent. Promote. Protect.

**Butler County
Health Department**

CONSENT FOR PROVIDING CARE

I, _____, parent/legal guardian of

_____ authorize _____
(Child's Name) (Caretaker's Name)

to bring my child to the Butler County Health Department for diagnosis, treatment, and/or
immunization administration, as needed.

(Parent/Legal Guardian Signature)

(Date)

2/2018

*This agency is an equal provider of services and an equal employment opportunity employer – Civil Rights Act 1964 (CRA)

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www.butlercountyohio.org/health