



Name of Child: \_\_\_\_\_

DOB: \_\_\_\_\_

Electronic Record System ID: \_\_\_\_\_

Date of Custody: \_\_\_\_\_

County: \_\_\_\_\_

Region: \_\_\_\_\_

This document verifies that \_\_\_\_\_ is in the legal custody of the Tennessee Department of Children's Services.

Parent/Guardian

I, \_\_\_\_\_, understand that the Tennessee Department of Children's Services is requesting my permission to provide, request and/or facilitate vaccinations to my child while he/she is in the custody of the Department. I understand the meaning of vaccination to mean the act of introducing a substance intended for use in humans to stimulate the body's immune response against an infectious disease or pathogen. The below checkboxes indicate which routine childhood vaccinations I give permission for my child to receive:

- Yes No IPV Inactivated polio (Polio)
Yes No MMR Measles, mumps, rubella (German measles)
Yes No Varicella (Chickenpox)
Yes No Hepatitis A
Yes No Hepatitis B
Yes No Influenza (Flu)
Yes No Pneumococcal (Pneumonia)
Yes No Meningococcal (Meningitis)
Yes No DTaP or Tdap Diphtheria, tetanus, pertussis (Whooping cough)
Yes No Rotavirus
Yes No Hib Haemophilus influenzae type b
Yes No Respiratory Syncytial Virus (RSV)

I have also been informed that if I choose not to consent, the Department of Children's Services, may seek a court order to authorize vaccination of the child.

Parent or Legal Guardian Signature

Date

Witness Signature

Date

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

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