

**Livingston County Health Department**  
**Permission/Proxy Form**

The Permission/Proxy form allows you to designate a person (other than yourself) 18 years of age or older to bring your child to the Immunization, Physical or TB appointment; stay during treatment; sign consent for treatment and related forms; including a medical history form as needed. The Permission/Proxy form must be signed by you and the person you designate as a proxy prior to a child's appointment. The form is kept in your child's chart.

**PLEASE NOTE: Step-parents must be designated as a proxy unless there is legal documentation of guardianship.**

Child's Last Name: \_\_\_\_\_ Child's First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, give my permission for  
Parent or Legal Guardian

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Designated person Designated person

to bring my child to his/her appointment(s), to be present during appointments, and to consent for all treatment to be performed.

Signatures of Proxies:

1) \_\_\_\_\_ 2) \_\_\_\_\_  
Signature of designated person listed above Signature of designated person listed above

I understand that this permission form must be in my child's record before treatment can be provided without a parent or legal guardian present.

Parent/Legal Guardian's signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Proxy forms are valid for the current appointment only**