

County of Butler



BOARD OF HEALTH
Combined General Health District

301 South Third Street
Hamilton, OH 45011
(513) 887-5253
FAX (513) 863-4391

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's Signature

Date

03/06/2006