



EWING TOWNSHIP HEALTH DEPARTMENT

2 JAKE GARZIO DRIVE

EWING, NJ 08628

883-2900 EXT 7685 OR 7686

I give _____ (who is of legal age of

(Name of adult bringing child)

18 years or older) my permission to sign all necessary forms

that are required for _____, to receive

(Child's first and last name)

Immunization(s) provided at the Ewing Township Health

Department.

Parent

Legal Guardian