CITY OF FOUNTAINS
HEART OF THE NATION
KANSAS CITY
MISSOURI

Health Department

Division of Communicable Disease Prevention
& Public Health Preparedness

2400 Troost Avenue
Kansas City, Missouri 64108

Permission Acknowledgment

Child immunization and shot records

I, _____, parent or legal guardian of the following
Print Parent/Legal Guardian Name Please

child: _____, respectfully give permission to the
Print name please

following person: _____ to act on my behalf
Print name please

and only receive the following service or services:

CHILD IMMUNIZATIONS _____

SHOT RECORDS _____

from the Kansas City Health Department located at 2400 Troost Avenue, Kansas City, Missouri.

Signed _____ Date _____
Parent or Legal Guardian Signature

Good for one (1) year

Communicable Disease Prevention, Suite 2600, (816) 513-6152, Fax (816) 513-6316
Public Health Preparedness, Suite 2400, (816) 513-6380, Fax (816) 513-6090
Sexually Transmitted Diseases, Suite 2000, (816) 513-6136, Fax (816) 513-6289
Child Immunizations, Suite 1400, (816) 513-6108, Fax (816) 513-6286
Medical Records, Suite 1600, (816) 513-6039, Fax (816) 513-6288
Vital Records, Suite 1000, (816) 513-6363, Fax(816) 513-6285

CITY OF FOUNTAINS
HEART OF THE NATION

KANSAS CITY
MISSOURI

Health Department

Division of Communicable Disease Prevention
& Public Health Preparedness

2400 Troost Avenue
Kansas City, Missouri 64108

Permiso de Reconocimiento

Record de inmunizacion y de vacuna del nino/a

Yo, _____, padre/madre/guardian legal del nino/a:
Print name please

_____ doy permiso a la persona siguiente:
Print name please

_____ que actue en mi lugar y reciba los siguientes servicios
Print name please

Inmunizaciones para el nino/a _____

Record de vacunas _____

del departamento de Salud de Kansas City localized en 2400 Troost, Kansas City, Missouri.

Firmado _____ Fecha _____
Parent or legal guardian signature

Good for one (1) year

Communicable Disease Prevention, Suite 2600, (816) 513-6152, Fax (816) 513-6316
Public Health Preparedness, Suite 2400, (816) 513-6380, Fax (816) 513-6090
Sexually Transmitted Diseases, Suite 2000, (816) 513-6136, Fax (816) 513-6289
Child Immunizations, Suite 1400, (816) 513-6108, Fax (816) 513-6286
Medical Records, Suite 1600, (816) 513-6039, Fax (816) 513-6288
Vital Records, Suite 1000, (816) 513-6363, Fax(816) 513-6285