AUGLAIZE COUNTY
HEALTH DEPARTMENT
prevent. promote. protect.

I give consent for _____ to have a TB skin test administered at the
(name of child <18 years old)

Auglaize County Health Department.

I can be contacted at _____ for questions.

_____ **X** _____ _____
(print name of parent / guardian) (signature of parent / guardian) (Date)

April 3, 2019