



Milford Regional Medical Center
Employee Health/ **Volunteer**-Authorization for Minor

AUTHORIZATION FOR HEALTH SCREENING FOR MINOR

I, _____, parent or guardian of _____
(Parent or Guardian) (Minor)

hereby authorize the Milford Regional Medical Center Employee Health Department to Review immunizations (Tuberculin, Measles, Mumps and Rubella, Varicella (Chicken Pox) and Hepatitis B).

Non-emergency, first aid care is available through the Employee Health Department.

Signature of Parent or Guardian

Date