

# AMARILLO BI-CITY-COUNTY HEALTH DISTRICT

Amarillo, Canyon, Potter County, Randall County  
CITY OF AMARILLO, P. O. Box 1971, Amarillo, TX, 79105-1971

**BOARD OF HEALTH**  
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**DEPUTY HEALTH AUTHORITY**  
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**ENVIRONMENTAL HEALTH**

**ANIMAL CONTROL**  
Richard Havens, Director

**WIC NUTRITION**  
Margaret Payton, MBA, RD, Director

Date: \_\_\_\_\_

I, \_\_\_\_\_, give permission for my child, \_\_\_\_\_, to receive the Meningococcal Conjugate vaccine from the City of Amarillo Department of Public Health. I understand that this vaccine will be given on \_\_\_\_\_ at \_\_\_\_\_ High School and I will not be present.

My child is allergic to the following foods or medicines: \_\_\_\_\_

I have read the included Vaccine Information Statements on Meningitis vaccine.

Parent Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Parent Contact Number: \_\_\_\_\_

Student Name: \_\_\_\_\_

Student Birth date: \_\_\_\_\_

DEPARTMENT OF PUBLIC HEALTH  
1000 Martin Road  
806-378-6300  
FAX: 806-378-6306  
TDD: (806) 378-4229

DEPARTMENT OF WIC NUTRITION  
411 S. Austin  
806-371-1119  
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DEPARTMENT OF ENVIRONMENTAL HEALTH  
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806-378-9472  
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DEPARTMENT OF ANIMAL CONTROL  
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