

KENDALL COUNTY HEALTH DEPARTMENT





REQUEST FOR IMMUNIZATION RECORDS

YOU MUST BE A PARENT OR LEGAL GUARDIAN TO GET A COPY OF CHILD'S IMMUNIZATION RECORD.

| Please fill out the following information. | |
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| I, Client, Parent, or Legal Guardian Kendall County Health Department. The inform | am requesting a copy of mine or my child's immunization record from the ation may be released to the school district through my child's 18th birthday. |
| CLIENT OR CHILD(S) NAME | Date of Birth |
| | |
| | |
| Client Signature or Parent/Legal Guardian S | gnature Date |
| Print Name | |
| Phone Number | |
| How would you like your records? | |
| Pick up at the front desk at Kendall County Faxed: # | Health Department. (We will contact you when they are ready to be picked up) |
| Emailed: | |

Kendall County Location 811 West John Street Yorkville, Illinois 60560 630/553-9100 Fax 630/553-9605

