

ERIE COUNTY HEALTH DEPARTMENT

2010 Tdap (Tetanus, Diphtheria and Pertussis) Vaccine Consent Form

By signing the boxes below, you are giving consent for vaccination, release of this record to school or physician and acknowledgement of receipt of written information concerning the Tdap vaccine. Please complete the form using a blue or black pen and return to your child's school.

STUDENT INFORMATION:

NAME: Last	First	MI	Date of Birth	Age
Address: Street	City	County	Zip	Gender

PERMISSION TO ADMINISTER VACCINE:

I have read or had explained to me the Tdap Vaccine Information Statement and understand the risks and benefits. I give consent to the Erie County Health Department and its staff for my child named at the top of this form to give vaccinated with this vaccine. (If this consent form is not signed, dated, and returned, then your child will not be vaccinated at school.)

Signature of Parent/Legal Guardian

Date: _____

PERMISSION TO RELEASE INFORMATION:

I grant permission for the vaccine administration record to be released to the school and/or private physician as needed and within the guidelines of Erie County's privacy policy. The presence of my signature acknowledges that I have had the opportunity to review or receive a copy of the Erie County Health Department's Notice of Privacy Practices.

Signature of Parent/Legal Guardian

Date: _____

PARENT/GUARDIAN INFORMATION:

NAME: Last	First	MI	Daytime Phone #
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When was the last time your child received a Tetanus containing vaccine. Month ____ Day ____ Year ____

Has this student received **any** vaccine in the past 30 days? Yes No

Vaccine: _____ Date Given: month ____ day: ____ year: _____

Allergies to drugs, eggs, thimerosal, bakers yeast, gelatin, neomycin, or streptomycin? Yes No

Is your child sick today? Yes No

Does your child receive immunizations anywhere else? Yes No If YES, where? _____

Payment Method (Insurance, Medicaid, Credit Card, Cash): **PLEASE FILL OUT ATTACHED ROUTE SLIP**

FOR CLINIC USE ONLY

2010 Tdap Clinic

Clinic Site:	Manufacturer:	Lot #	Route: <input type="checkbox"/> IM Site:	Name and Title of Aministrator:	VIS Date: 11/18/08
Date:					