AUDUBON COMMUNITY SCHOOL - TDAP VACCINATION CONSENT FO

CHILD'S PERSONAL INFORMATION: (PLEASE PRINT)

LAST _____ **FIRST** _____ **M.I.** _____ **GEN**

BIRTHDAY_____ **AGE** _____ **EMAIL ADDRESS:** _____

ADDRESS _____ **CITY** _____ **ZIP CODE** _____

HOME PHONE # _____ **ALTERNATE PHONE #** _____

PARENT / GUARDIAN _____ **PHYSICIAN** _____

Y or N Has your child received any tetanus vaccine in the past two years?
If so, **STOP HERE.** Your child does not need to be vaccinated again.

Y or N Does your child have allergies to medication, food or any vaccine? If yes, explai
_____

Y or N Has your child had a serious reaction to a vaccine in the past?

Y or N Does your child have a history of seizures or brain or other nervous system prob

Y or N Does your child experience extreme anxiety with injections? If so, we suggest having this vaccination given by your local health care provider.

Y or N I would like my child to receive the TDAP vaccine.

Every student is eligible at no cost regardless of insurance coverage.
Please check one of the following regarding your child's healthcare coverage

VFC Eligible

_____ Is enrolled in Medicaid (Title XIX).
_____ Does not have health insurance.
_____ Is an American Indian or Alaskan Native.
_____ Has Health Insurance that DOES NOT pay for vaccines.

Not VFC Eligible

_____ The TDAP vaccine and administration are covered benefits of our insurance plan.

I have been given and understand the vaccine information statements for TDAP (11-18-08). I have had my questions ans satisfaction. I understand the risks and benefits of this vaccine. I understand the risks of the diseases this vaccine prev knowledge, my child has no conditions that are contraindications for vaccination. I permit my child to receive this vaccine. or legal guardian of this child.

SIGNATURE OF PARENT / GUARDIAN _____ **DATE** _____

FOR CLINIC USE ONLY

Date Given	Site / Route	Manufacturer / Lot #	Administrated By

Screening form reviewed prior to vaccination_____

ORM

DER _____

_____

_____

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in.

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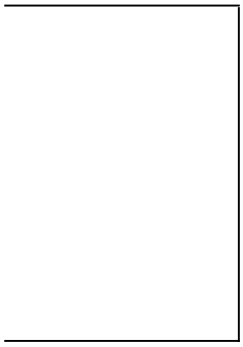

swered to my

ent. To my

. I am the parent

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