

# NORWOOD HEALTH DEPARTMENT

## Tdap (Tetanus, Diphtheria and Pertussis) VACCINE CONSENT FORM

### Section 1: Patient Information

Student Name:	Birth date:	
Student's Age:	Race:	Gender: Male Female
Address:	Phone #:	
Parent/Guardian's Name:		
School Name:		

### Section 2: Screening

When was the last time your child received a Tetanus (Td/Dtap/Dt/Tdap) shot? _____ / _____ / _____                      UNKNOWN
Child has (Please circle one):    Medicaid      No Insurance      American Indian/Alaskan Insurance does not pay for vaccine      Private Insurance
Is this child sick today? ..... yes    no
Does the child have allergies to medications/vaccines/foods? ..... yes    no If yes, what? _____
Has the child ever had a serious reaction to any vaccines? .....yes    no

### Consent for Child's vaccination:

I have read or had explained to me the Norwood Health Department Privacy Policy (@ [www.norwoodhealth.org](http://www.norwoodhealth.org)) and the Tdap Vaccine Information Statement (also available @ [www.immunize.org](http://www.immunize.org)) and understand the risks and benefits. I give my consent for this record to be released to providers, schools, and the state immunization registry database. ***This vaccine is required for 7<sup>th</sup> grade starting school year 2010-11.*** If this form is not signed and returned, your child **WILL NOT** be vaccinated at school.

**I give consent** to the Norwood Health Department and its staff to vaccinate my child named on this form with the Tdap vaccine.

Signature of Parent/Gaurdian: \_\_\_\_\_ Date: \_\_\_\_\_