

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? <div style="text-align: center; margin-top: 10px;"> _____/_____/_____ UNKNOWN </div>
Child has (Please circle one): Medicaid No Insurance American Indian/Alaskan <div style="text-align: center; margin-top: 5px;"> Insurance does not pay for vaccine Private Insurance </div>
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) and the Tdap Vaccine Information Statement (also available @ 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 7th 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: _____