

Central Coast VNA & Hospice
Tetanus, Diphtheria, Pertussis_(whooping cough)
**IMMUNIZATION PREPAYMENT/CONSENT
FORM**

PLEASE PRINT

Student Name: _____ (Last) _____ (First)

Date of Birth: _____ School Name: _____

Parent's (or Guardian's) Name: _____

Telephone Number: _____

_____ I would like my son/daughter to receive the Tdap (Tetanus toxoid, Diphtheria toxoid and Acellular Pertussis Vaccine)

_____ I have enclosed a check in the amount of \$70.00, made to VNA.

If you have any questions, please call the Immunization Information Line, (831) 648-3777 or Immunization Coordinator at (831) 648-3727 or visit the VNA website www.ccvna.com.

Pregnant students, students with acute illness, students with an allergic reaction to thimerosal, latex or formaldehyde or students with a bleeding disorder when the vaccine is to be given should NOT participate in the program.

Please complete the bottom of this authorization form if the student is under age 18 and the parent or guardian will not be present at the time of the vaccination.

FOR STUDENTS UNDER 18 YEARS OF AGE

Informed Consent to Administer

I, the undersigned, authorize the nursing staff at VNA, to administer T-dap Vaccine to my son or daughter in an effort to provide immunization against tetanus, diphtheria, and pertussis (whooping cough.)

I understand that this vaccine is safe and that the tetanus and diphtheria vaccine can provide protection against tetanus (lockjaw), diphtheria, and pertussis (whooping cough) and is needed every 10 years all through life. The most common side effects of the vaccine include soreness, redness or swelling at the vaccination site. A small percentage of people develop headache, malaise and temperature elevation.

I have read the literature provided, which outlines the benefits of the vaccine as well as the possible side effects.

Signature of Parent/Guardian: _____ **Date:** _____