

Immunization Permission Form

A. Please check one of the two boxes below, write your child's name in the blank, and sign and date the statement you have selected.

- Yes**, I give my permission for my child, _____, to receive the **Tdap** vaccine (which protects against tetanus, diphtheria, and pertussis) at school at no charge to parents, but private insurance or Medicaid may be billed for administration fees. I understand that this vaccine is required for all students in public school entering 6th grade or for all students in private school turning 12 on or after August 1, 2008, unless five or more years have passed since the last dose of tetanus/diphtheria toxoid. I have read the Vaccine Information Statement for the Tdap vaccine and have had my questions answered.

Parent/Guardian Signature

Date

- No**, do not vaccinate my child, _____, with the Tdap vaccine at school.

Parent/Guardian Signature

Date

If you selected **Yes**, please complete Sections **B and C** below.
If you selected **No**, please sign and return this form to your child's school.

B. Parent/Guardian: Please provide the following information about your child (please print):

Child's Name: _____ Sex: _____ Race: _____ Teacher: _____

Date of Birth: _____

Parent/Guardian's Name: _____

Address: _____ Telephone: (____) _____

C. Please check all statements that apply to your child and complete the blanks that apply:

- My child has allergies to: _____

- Please forward my child's immunization record for vaccines administered at school to his/her doctor:

Name of Doctor: _____

Address: _____

Please answer the following question. Note: **This information is required for federal funding purposes. It will not prevent your child from receiving vaccines through this program. This information about your child will not be shared with anyone.**

- My child is: American Indian or Alaskan Native Has Medicaid Coverage – **Recipient I.D. number** _____ - _____ - _____
 Not insured - No Medical Coverage Underinsured – has insurance, but insurance **does not** cover the full cost of immunizations
 Has North Carolina Health Choice for Children Insurance: Policy number _____
 Insured – Insurance **covers** immunization:
Name of Private Insurance Company: _____ Policy number: _____

continued...

For Local Health Department Use Only: Consent form should be present with the child at the time of vaccination for verification of parental consent and accurate documentation.

Date Vaccine Given	Type of Vaccine	Site/Route	Mfr/Lot#	Date VIS printed	Date VIS given	Nurse Signature
	Tdap					

Purpose: To secure permission from parents to administer Tdap vaccine to their children in a school setting in accordance with state and federal recommendations.

Preparations: 1. Send this document, a pamphlet and the Vaccine Information Statements home with the child.
2. Ensure parents/guardians have signed this document in the appropriate space upon return.

Distribution: Retain form in the child's medical record at the local health department.

Disposition: Retain form for 10 years.

Reordering: Immunization Branch
NCDHHS
1917 Mail Service Center
Raleigh, NC 27699-1917
Telephone number: 1-800-344-0569

