

Child's Grade \_\_\_\_\_

Child's Teacher \_\_\_\_\_

## Madison County Public Health Vaccine Consent Form

I have read the vaccine information statement and been given the opportunity to ask questions about the benefits and risks of diseases and vaccination regarding TETANUS, DIPHTHERIA, PERTUSSIS (Tdap) and give permission for the vaccine to be administered during my child's school based immunization clinic.

(VIS information online at [madisoncoia.com](http://madisoncoia.com) if you did not receive by email)  
Please Call Madison County Public Health with any questions at 515-462-9051.  
Call Madison County Public Health if you need a hard copy of the vaccine information.

Child's  
Name \_\_\_\_\_ birth date \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Child's Doctor \_\_\_\_\_

Insurance status: Put an X by appropriate statement

My insurance does not pay for vaccines

My insurance does pay for vaccines

I have no insurance

Signature of parent, or guardian \_\_\_\_\_

Date \_\_\_\_\_

Please sign and return to your school nurse by Tuesday April 27, 2010. Clinic is scheduled for April 29, 2010 during school hours.

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Public Health use only

Date \_\_\_\_\_ Time \_\_\_\_\_ Vaccine Name \_\_ Tdap \_\_\_\_\_  
Vaccine Manufacture \_\_\_\_\_ Lot# \_\_\_\_\_ Exp dt \_\_\_\_\_  
Administration site \_\_\_\_\_

VIS issue Date: 11-18-2009 VIS

date issued \_\_ 4/22/2010 \_\_\_\_\_

Signature and title of person administering vaccine \_\_\_\_\_