

PERMISSION SLIP for Auglaize County Health Department Tdap Shot Clinic

Child's Name _____ Date of Birth _____ Age _____
 Address _____ City _____ State _____ Zip _____
 Child's Physician _____

Did your child receive a Tdap/Td for an injury or other reason since September 1, 2007?Yes / No
IF YES, STOP. Your child meets the requirements for 7th grade entry fall 2012.
 Send a copy of the Tdap/Td vaccine record to the school nurse/office.
IF NO, continue filling out form.

Circle Answers:

Is this child sick today?Yes / No
 Does this child have a life-threatening allergy to medicines or any vaccines.....Yes / No
 Has this child had a serious reaction following a vaccine?Yes / No
 Has this child had a seizure following a vaccine?Yes / No
 Explain any "yes" answers here _____

Check ONE: (these questions are required by the Ohio Department of Health)

- Our health insurance covers the cost of vaccinations
- Our health insurance does not cover vaccines, limits vaccines covered or caps vaccine coverage at a certain amount (underinsured).
- My child has insurance through Job and Family Services (Medicaid). **We will need to see the card.**
- My child has Medicaid **and** health insurance from an employer
We will need to see the card and provide us with the name & date of birth of the subscriber
- We have no health insurance
- This child is an American Indian or Alaska Native

I have read the vaccine information sheet on Tdap and received a copy of the Auglaize County Health Department Privacy Policy (available at the school office or www.auglaizehealth.org). I grant permission for this record to be released to providers, schools, immunization registry databases and others as is necessary. I give permission for my child to receive this vaccine by the Auglaize County Health Department.

Parent/Guardian Name (Print): _____
 Daytime phone number: _____
Signed _____ **Date** _____

For clinic use only:

Vaccine/VIS	Date Administered	Manufacturer/Lot #	Injection Site	Signature of Administrator
Tdap 11-18-08		SP/C3935AA	LD/RD	