



TDAP VACCINE CLINIC



The Leon County Health Department will be offering free Tetanus-Diphtheria, Pertussis (TDaP) immunizations for sixth graders transitioning to seventh grade. The Tdap vaccine is a required immunization for seventh graders. Health department nurses will be administering the vaccine during school hours to students with consent forms.

Please return the attached consent forms to your student's school clinic or to LeonSchoolHealth@flhealth.gov no later than the listed deadline.

School	Date	Consent Deadline
Cobb Middle	Tuesday, February 1st, 2022	Thursday, January 27th, 2022
Deer Lake Middle	Thursday February 3rd, 2022	Tuesday, February 1st, 2022
Fairview Middle	Tuesday, February 8th, 2022	Thursday February 3rd, 2022
Ft. Braden	Thursday February 10th, 2022	Tuesday, February 8th, 2022
Griffin Middle	Tuesday, February 15th, 2022	Thursday February 10th, 2022
Montford Middle	Thursday, February 17th, 2022	Tuesday, February 15th, 2022
Nims Middle	Tuesday, February 22nd, 2022	Thursday, February 17th, 2022
Raa Middle	Thursday, February 24th, 2022	Tuesday, February 22nd, 2022
Swift Creek Middle	Tuesday, March 1st, 2022	Thursday, February 24th, 2022
Woodville	Thursday, March 3rd, 2022	Tuesday, March 1st, 2022

For more information on the Tetanus-Diphtheria-Pertussis vaccine, please visit:
<https://www.cdc.gov/vaccines/hcp/vis/vis-statements/tdap.html>

2021-2022 Tdap Vaccine Consent Form

THIS FORM MUST BE RETURNED

PLEASE COMPLETE THE INFORMATION BELOW
(Unreadable and incomplete forms may not be accepted.)



Full Legal Name of Student (First Name Middle Initial. Last Name) PLEASE PRINT				Student No.:	Name of School
Parent/Guardian Name (First Name Middle Initial. Last Name) / Relationship to Student				Grade	Homeroom Teacher
Birth Date (month/date/year)	Age	Sex	Ethnicity - (Check 1) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	Race - (Check 1 or more) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other	
Street Address			Email Address		
City			Zip Code		
Home Phone#		Cell Phone#			

Insurance (Check 1) No Insurance Medicaid Privately Insured

You will not be billed, and there is no co-pay or deductible due. The service is offered at no cost to you! As always, answers are confidential.

HEALTH QUESTIONS: CHECK YES OR NO FOR EACH QUESTION

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Has your child had a fever within the last 24 hours?
<input type="checkbox"/>	<input type="checkbox"/>	2. Has your child ever had a serious reaction to any vaccine in the past or after a previous dose of diphtheria, tetanus, pertussis containing vaccine?
<input type="checkbox"/>	<input type="checkbox"/>	3. Has your child ever had Guillain-Barre syndrome or a history of seizures?
<input type="checkbox"/>	<input type="checkbox"/>	4. Does your child have any allergies to food, medication, or latex?

If YES to any of the above, please specify: _____

I have received, read and understand the CDC Vaccine Information Statement for the Tdap vaccine and the Notice of Privacy Practices. I have read these documents and understand the risk and benefits of the Tdap vaccine. I give permission to the State of Florida, Department of Health to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Florida Department of Health policies, to assure optimal healthcare for my child.

Yes, I want my child to receive the Tdap vaccine.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____

Date _____

AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION

Date Given	Route/Site		Signature/Title
	RDT/IM	LDT/IM	

Nurse's Notes: