

February 2011

Dear Parents:

Your child is required to receive a Tetanus immunization containing pertussis (Tdap) **prior to entry into the 8th grade**. The Tetanus – Diphtheria (Td) booster will no longer be sufficient for the school age booster. The booster must contain the pertussis (whooping cough) component.

To help meet this requirement, Moberly Middle School (MS) and the Randolph County Health Department (RCHD) will be providing a **free vaccination clinic on May 5th, 2011** at school. In order for your child to participate in the free clinic, RCHD must have the following information and consent to immunize your child. Your child may also be vaccinated by a health care provider of your choice but updated immunization records must be submitted to Moberly Middle School prior to April 25th, 2011.

CONSENT for Administration of Tdap Vaccine at SCHOOL: (Return consent to school by March 7th, 2011)

*Child's Name _____ DOB ___ / ___ / ___ Age _____

Gender: Female ___ Male ___ Address _____

City _____ State _____ Zip _____

Insurance status (this information is required for us to order the free vaccine):

Medicaid: yes no Medicaid # _____ Has health insurance: yes no

The Vaccine Information Statement for Tdap vaccine is available on the Moberly Public School Website (www.moberly.k12.mo.us) or by request. We encourage parents to review this information.

I have read the Vaccine Information Statement: I understand the benefits and risks of the vaccine for which I have signed.

*Signature of Parent/LegalGuardian _____

YOUR CHILD SHOULD NOT RECEIVE A Tetanus diphtheria acellular pertussis (Tdap) if HE / SHE:

*has had a Td/Tdap vaccine within the last 2 years. (Please submit documentation to MS if vaccine has been administered within the last 2 years. Fax number: 269-8573)

*has a severe allergy to a previous dose of tetanus vaccine, Dtap or Td.

*Talk to your child's physician if your child has epilepsy or other nervous system medical condition or has ever been diagnosed with Guillain Barre Syndrome.

date given	site	Manufacturer	Lot number	Administrator
___ / ___ / ___	_____	_____	_____	_____