



HealthHUB School Clinic

PO Box 542, South Royalton, VT 05068

Diphtheria / Tetanus / Pertussis (DTaP or Tdap) Vaccination Consent Form

- Yes!** I have read the Tetanus, Diphtheria and Pertussis vaccine fact sheet. I am aware of the risks and benefits to my child. I give consent for the Tetanus, Diphtheria and Pertussis injection vaccination to be given to:

Child's name _____

Child's date of birth _____

Your signature _____

Date _____ Daytime phone _____

Has this child ever had an allergic reaction to a previous TDaP vaccine injection?

Yes No

For clinic use

Date Vaccinated

Manufacturer

Site of Injection

Lot Number

Dosage

Expiry

Initials