

## Immunization Authorization

Please complete the following information if you would like to have your child immunized at the school based immunization clinic being conducted by Floyd Valley Community Health. All information is required prior to vaccination. If you have questions, you may contact Floyd Valley Community Health at 712-546-3335.

Last Name:	First Name:	Initial:
DOB:	Parents:	
Address:	City:	Zip:
Phone:	Physician:	
Allergies/Medical Notes:		Grade:

This child is (check one):  enrolled in Medicaid  does not have health insurance  has health insurance  is Am. Indian/Alaskan Native

I have read and understand the Tdap Vaccine Information Statement dated 11/18/08. I have had a chance to ask questions which were answered to my satisfaction. I understand the benefits and risks of the vaccine. Please date and sign.

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

For office use only:

Vaccine	Date given	Nurse's signature	Dosage/route/site	Manufacturer/Lot #
Adacel    Boostrix			0.5cc IM	