

# 2019 In-School, No-Cost Tdap Vaccine Consent Form

Complete this form and return it to your child's school  
ONLY if you want your child to receive a vaccine.

PLEASE PRINT LEGIBLY WITH A BLUE OR BLACK PEN. EVERY SECTION OF THIS FORM IS REQUIRED.

Student Information					
Last Name	First Name, Middle Initial	Suffix	Name of School	Grade	Homeroom
Address			City	State	Zip Code
Birth Date (month/date/year)	Age	Sex	Demographic Information (Circle one): White    American Indian/Native Alaskan    Black    Asian    Hispanic    Other		
Parent/Guardian Information					
Last Name	First Name, Middle Initial	Suffix	Email Address		
			Home Phone Number		
Relationship to Student			Cell Phone Number		
Required Health Insurance Information					
<p>The current health care laws require us to bill your insurance company for the vaccine. You will not be billed, and there will be no co-pay or deductible due. This no-cost service is made possible by parents accurately and honestly reporting their child's complete insurance information.</p>					
<p><b>Check one:</b>    <input type="checkbox"/> Private Insurance                      <input type="checkbox"/> Underinsured                      <input type="checkbox"/> Medicaid (ex: AmeriGroup, Wellcare, Integral)  <input type="checkbox"/> No Insurance: I certify that my child is not covered by any health insurance</p>					
Insurance Company			Child's Medicaid ID	Child's Member ID	
Policy Holder's Name			Policy Holder's Date of Birth		
Medical Information					
<p><b>Do any of the following apply to your child?</b> If you answer yes to any of these questions your child will NOT be vaccinated and you will need to see your medical professional.</p>					
Does your child have allergies to a vaccine component or to latex?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child had a serious reaction to a vaccine in the past like Guillain-Barre Syndrome?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Has your child had brain or other nervous system problems like encephalopathy?					<input type="checkbox"/> Yes <input type="checkbox"/> No

If you have any questions, please contact your child's pediatrician or call Healthy Schools LLC at 1-800-566-0596 to speak to a nurse.

I have received, read, and understand the CDC Vaccine Information Statement for the Tetanus, Diphtheria, Pertussis-Tdap Vaccine. I have read these documents and understand the risk and benefits of the Tdap vaccine. I give permission to Healthy Schools and their administrators 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 Texas Department of State Health Services policies. I hereby release Healthy Schools from any and all liability associated with the administration and potential side effects of the vaccine. I understand that my child and Healthy Schools will be creating a provider-patient relationship. By providing my cell phone I understand that I may be contacted at that number, including text messages, with information regarding Healthy School's services.

**By signing below, you the parent/guardian give consent to provide your child listed above with the Tdap (Tetanus, Diphtheria, Pertussis) Vaccination.**

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

The Texas Department of State Health Services encourages your voluntary participation in the Texas immunization registry. Consent for Registration of Child and Release of Immunization Records to Authorized Entities. I understand that, by granting the consent below, I am authorizing release of the child's immunization information to DSHS and I further understand that DSHS will include this information in the state's central immunization registry ("ImmTrac2"). Once in ImmTrac2, the child's immunization information may by law be accessed by:

- a public health district or local health department, for public health purposes within their areas of jurisdiction;
- a physician, or other health-care provider legally authorized to administer vaccines, for treating the child as a patient;
- a state agency having legal custody of the child;
- a Texas school or child-care facility in which the child is enrolled;
- a payor, currently authorized by the Texas Department of Insurance to operate in Texas, regarding coverage for the child.

I understand that I may withdraw this consent to include information on my child in the ImmTrac2 Registry and my consent to release information from the Registry at any time by written communication to the Texas Department of State Health Services, ImmTrac2 Group – MC 1946, P. O. Box 149347, Austin, Texas 78714-9347.

Yes     No    I wish to INCLUDE my child's information in the Texas immunization registry.

### AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION

This child does not have a moderate or severe acute illness with or without fever on the day of vaccination

VIS CDC 0.5mL IM Tdap

LOT Number:

LUA / RUA

RN #

Date

## VACCINE INFORMATION STATEMENT

# Tdap Vaccine

## What You Need to Know

(Tetanus, Diphtheria and Pertussis)

Many Vaccine Information Statements are available in Spanish and other languages. See [www.imz.unz.org.uy](http://www.imz.unz.org.uy).  
Hoja de información sobre vacunas está disponible en español y en muchos otros idiomas. Véase [www.imz.unz.org.uy](http://www.imz.unz.org.uy).

### 1 Why get vaccinated?

**Tetanus, diphtheria and pertussis** are very serious diseases. Tdap vaccine can protect us from these diseases. And, Tdap vaccine given to pregnant women can protect newborn babies against pertussis.

**TETANUS** (lockjaw) is rare in the United States today. It causes painful muscle tightening and stiffness, usually all over the body.

- It can lead to tightening of muscles in the head and neck so you can't open your mouth, swallow, or sometimes even breathe. Tetanus kills about 1 out of 10 people who are infected even after receiving the best medical care.

**DIPHTHERIA** is also rare in the United States today. It can cause a thick coating to form in the back of the throat.

- It can lead to breathing problems, heart failure, paralysis, and death.

**PERTUSSIS** (Whooping Cough) causes severe coughing spells, which can cause difficulty breathing, vomiting and disturbed sleep.

- It can also lead to weight loss, incontinence, and rib fractures. Up to 2 in 100 adolescents and 5 in 100 adults with pertussis are hospitalized or have complications, which could include pneumonia or death.

These diseases are caused by bacteria. Diphtheria and pertussis are spread from person to person through secretions from coughing or sneezing. Tetanus enters the body through cuts, scratches, or wounds.

Before vaccines, as many as 200,000 cases of diphtheria, 200,000 cases of pertussis, and hundreds of cases of tetanus were reported in the United States each year. Since vaccination began, reports of cases for tetanus and diphtheria have dropped by about 99% and for pertussis by about 80%.

### 2 Tdap vaccine

Tdap vaccine can protect adolescents and adults from tetanus, diphtheria, and pertussis. One dose of Tdap is routinely given at age 11 or 12. People who did *not* get Tdap at that age should get it as soon as possible.

Tdap is especially important for healthcare professionals and anyone having close contact with a baby younger than 12 months.

Pregnant women should get a dose of Tdap during every **pregnancy**, to protect the newborn from pertussis. Infants are most at risk for severe, life-threatening complications from pertussis.

Another vaccine, called Td, protects against tetanus and diphtheria, but not pertussis. A Td booster should be given every 10 years. Tdap may be given as one of these boosters if you have never gotten Tdap before. Tdap may also be given after a severe cut or burn to prevent tetanus infection.

Your doctor or the person giving you the vaccine can give you more information.

Tdap may safely be given at the same time as other vaccines.

### 3 Some people should not get this vaccine

- A person who has ever had a life-threatening allergic reaction after a previous dose of any diphtheria, tetanus or pertussis containing vaccine, OR has a severe allergy to any part of this vaccine, should not get Tdap vaccine. Tell the person giving the vaccine about any severe allergies.

- Anyone who had coma or long repeated seizures within 7 days after a childhood dose of DTP or DTaP, or a previous dose of Tdap, should not get Tdap, unless a cause other than the vaccine was found. They can still get Td.

- Talk to your doctor if you:
  - have seizures or another nervous system problem,
  - had severe pain or swelling after any vaccine containing diphtheria, tetanus or pertussis,
  - ever had a condition called Guillain-Barré Syndrome (GBS),
  - aren't feeling well on the day the shot is scheduled.



### 4 Risks

With any medicine, including vaccines, there is a chance of side effects. These are usually mild and go away on their own. Serious reactions are also possible but are rare.

Most people who get Tdap vaccine do not have any problems with it.

**Mild problems following Tdap**  
(*Did not interfere with activities*)

- Pain where the shot was given (about 3 in 4 adolescents or 2 in 3 adults)
- Redness or swelling where the shot was given (about 1 person in 5)
- Mild fever of at least 100.4°F (up to about 1 in 25 adolescents or 1 in 100 adults)
- Headache (about 3 or 4 people in 10)
- Tiredness (about 1 person in 3 or 4)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 in 4 adolescents or 1 in 10 adults)
- Chills, sore joints (about 1 person in 10)
- Body aches (about 1 person in 3 or 4)
- Rash, swollen glands (uncommon)

**Moderate problems following Tdap**  
(*Interfered with activities, but did not require medical attention*)

- Pain where the shot was given (up to 1 in 5 or 6)
- Redness or swelling where the shot was given (up to about 1 in 16 adolescents or 1 in 12 adults)
- Fever over 102°F (about 1 in 100 adolescents or 1 in 250 adults)
- Headache (about 1 in 7 adolescents or 1 in 10 adults)
- Nausea, vomiting, diarrhea, stomach ache (up to 1 or 3 people in 100)
- Swelling of the entire arm where the shot was given (up to about 1 in 500).

**Severe problems following Tdap**  
(*Unable to perform usual activities; required medical attention*)

- Swelling, severe pain, bleeding and redness in the arm where the shot was given (rare).
- Problems that could happen after any vaccine:**
  - People sometimes faint after a medical procedure, including vaccination. Sitting or lying down for about 15 minutes can help prevent fainting, and injuries caused by a fall. Tell your doctor if you feel dizzy, or have vision changes or ringing in the ears.
  - Some people get severe pain in the shoulder and have difficulty moving the arm where a shot was given. This happens very rarely.
  - Any medication can cause a severe allergic reaction. Such reactions from a vaccine are very rare, estimated at fewer than 1 in a million doses, and would happen within a few minutes to a few hours after the vaccination.

As with any medicine, there is a very remote chance of a vaccine causing a serious injury or death.

The safety of vaccines is always being monitored. For more information, visit: [www.cdc.gov/vaccinesafety/](http://www.cdc.gov/vaccinesafety/)

### 5 What if there is a serious problem?

**What should I look for?**

- Look for anything that concerns you, such as signs of a severe allergic reaction, very high fever, or unusual behavior.
- Signs of a severe allergic reaction can include hives, swelling of the face and throat, difficulty breathing, a fast heartbeat, dizziness, and weakness. These would usually start a few minutes to a few hours after the vaccination.

**What should I do?**

- If you think it is a severe allergic reaction or other emergency that can't wait, call 9-1-1 or get the person to the nearest hospital. Otherwise, call your doctor.
- Afterward, the reaction should be reported to the Vaccine Adverse Event Reporting System (VAERS). Your doctor might file this report, or you can do it yourself through the VAERS web site at [www.vaers.hhs.gov](http://www.vaers.hhs.gov), or by calling 1-800-822-7967. *VAERS does not give medical advice.*

### 6 The National Vaccine Injury Compensation Program

The National Vaccine Injury Compensation Program (VICP) is a federal program that was created to compensate people who may have been injured by certain vaccines.

Persons who believe they may have been injured by a vaccine can learn about the program and about filing a claim by calling 1-800-338-2382 or visiting the VICP website at [www.hrsa.gov/vaccinecompensation](http://www.hrsa.gov/vaccinecompensation). There is a time limit to file a claim for compensation.

### 7 How can I learn more?

- Ask your doctor. He or she can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO) or
  - Visit CDC's website at [www.cdc.gov/vaccines](http://www.cdc.gov/vaccines)

## Vaccine Information Statement Tdap Vaccine

2/24/2015

42 U.S.C. § 300aa-26

