

MENINGITIS & Tdap IMMUNIZATION PRE-PAYMENT FORM

PLEASE PRINT

Student Name: _____ (Last) _____ (First)

Date of Birth: _____ School Name: _____

Parent/guardian Name: _____ Telephone Number: _____

_____ I would like my son/daughter to receive the Menactra™ (Meningitis A/C/Y/W-135) vaccination.

_____ I would like my son/daughter to receive the Tetanus-Diphtheria-Pertussis (Adacel) vaccination.

_____ I have enclosed a check made out to Visiting Nurse Service, Inc. in the following amount:

_____ \$140.00 for Menactra only

_____ \$55.00 for Adacel (Tdap) only

_____ \$195.00 for both Menactra & Adacel

The Visiting Nurse Service will call and remind you of the clinic, please do not call the school. If you cannot attend the clinic at your school, or your school is not having a clinic you can receive the vaccination at the Visiting Nurse Service by calling 722-8299, ext. 120, or ext. 104 to set up an appointment.

Pregnant students; students with acute illness; students with an allergic reaction to Thimerosal, tetanus toxoids, or other components; or students with a bleeding disorder at the time of the vaccine administration should not participate in the program. Please complete the bottom of this authorization form if the student is under age 18 and the parent or guardian will not be present at the time of the vaccination.

Please mail this completed form along with the check to:

**Visiting Nurse Service, Inc.
Attn: Lisa Lowery
4701 N. Keystone Ave.
Indianapolis, IN 46205**

FOR STUDENTS UNDER 18 YEARS OF AGE

Informed Consent To Administer

I, the undersigned, authorize the nursing staff at Visiting Nurse Service, Inc., to administer to my son/daughter the vaccine(s) selected below. I have read the literature provided which outlines the benefits of the vaccine as well as the possible side effects.

Menactra (A/C/Y/W-135)

I understand that the Menactra vaccine is safe and that the meningitis vaccine can provide protection against four out of the five strains of the disease (Serogroups A, C, Y, and W-135; there is currently no vaccine for Serogroup B.) These four strains cause nearly 70% of meningococcal meningitis on college campuses. Most common side effects in clinical trials of all these vaccines included soreness, redness or swelling at the vaccination site. These symptoms were mild, did not require treatment and did not last more than 48 hours.

Adacel (Tdap)

I understand that this vaccine is recommended for teenagers (11-18 years of age) and adults (19-65 years) who have not previously received a dose of Tdap and have not had a Td (tetanus-diphtheria) booster in at least 5 years. This vaccine helps to protect against tetanus, diphtheria, and pertussis bacterial infections. The most common side effects include pain or swelling at the injection site, headache, and fatigue.

Signature of Parent/Guardian: _____ **Date:** _____