



## VACCINATION PERMISSION

**I give my consent to let my child**

**Name:** \_\_\_\_\_ **Personal ID number:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Class:** \_\_\_\_\_

**be vaccinated with Infanrix vaccine.**

This vaccine helps to prevent your child against diphtheria, tetanus and pertussis.

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Parent/guardian signature**

\_\_\_\_\_  
**Clarification of signature**

\_\_\_\_\_  
**Mobile phone**

\_\_\_\_\_  
**Address**

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