



VACCINATION PERMISSION

I give my consent to let my child

Name: _____ **Social security number:** _____

School: _____ **Class:** _____

be vaccinated with Tetravac vaccine.

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

Date

Parent/guardian 1 signature

Clarification of signature

Mobile phone

Parent/guardian 2 signature

Clarification of signature

Mobile phone

Address

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