SKOLHÄLSAN

VACCINATION PERMISSION

I give my consent to let my child

Name:_____ Personal ID number:_____

School:_____ Class:_____

be vaccinated with diTeBooster vaccine.

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

_____

Date

_____

Parent/guardian signature

_____

Clarification of signature

_____

Mobile phone

Address	Telephone	Fax	E-mail
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