Department of Health



Gibbie Harris, MSPH, FNP, BSN

Health Director

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Your consent form must be returned

Date:	no later than:	_
Dear Parents,		
Buncombe County Department of student's school on April	f Health will offer the Tdap vaccine during the school da	<u>y</u> at your
-	lents who enter the 6th grade who have had their last te ago must have a booster dose of the Tdap vaccine before 0A-152)	=
Please look over the vaccine information Tetanus, Diphtheria and Pertussis	rmation that is attached to this letter. Tdap helps prevent the s, also called whooping cough.	rree diseases:
250-5096. We are offering an east the next school year. You may tal	s you may speak with your child's doctor or call our Immursy way for your child to get the required Tdap vaccine, so tke your child to their private doctor or the health department the Tdap, please send a copy of the record to school.	they are ready for
If you would like for your child	to get their Tdap vaccine at school:	
> Read the information about th	ne Tdap vaccine.	
> Fill out the consent form.		
insurance card. The	ance information and attach a copy of the front and bacere is no charge for those who do not have insurance. Privated for the cost of the vaccine and administration fee.	•
* Please be aware tha	at you may receive a bill for any services not covered by instwork or applied towards your deductible. Do NOT send m	
> Sign your name and date the	e form.	
> Return this form to your chi	ild's school no later than:	
for your child to get their Tdap va	this vaccine for your child at school. We hope you find this accine before 6 th grade. Other vaccines are recommended for child's doctor or from the health department at 40 Coxe Avec	or children at this
Sincerely,		
The School Health Nurses		

