

YEAR 1 STUDENTS MMR, DTAP-IP VACCINATIONS INFORMATION AND CONSENT FORM

- 1) In Turkey the MMR vaccine, which protects the child against three diseases; measles, mumps and rubella – a mixture of live attenuated viruses - is given as a single injection.
- 2) In Turkey a DTap-IP vaccine, which protects your child against four diseases; Diphtheria, Tetanus and Pertussis, Inactivated Polio, is given as a single injection.
- 3) Your child will be given two vaccines: MMR and DTap-IP. Vaccines will be administered by District Community Health Center personnel.
- 4) If your child had MMR vaccination when in Kindergarten, he or she will be given only DTAP-IP. He/She will not be given an MMR vaccination.
- 5) **After the injection; there can be fever, adenoids, skin rash, sore throat, headache, muscleache – all possible side effects of the vaccine. Some allergic reactions may appear after the injection if your child is sensitive. There may be redness, swelling, and pain where the shot was given. In these cases a cold item can be compressed to the vaccinated area. In the case of fever exceeding 38 degrees a warm compress can be applied; fever reducers can be given after consulting your family doctor.**
- 6) Your child can be vaccinated only if this form is signed by two parents/guardians. In some cases where only one signature of the parent/guardian is present, the school principal's signature will be accepted.
- 7) If your child has health problems please specify it next to Parent's Note .

Please consult your family doctor if your child cannot be given vaccinations.

(This part to be completed by parents/guardian)

Student

Name and Surname:

TR Citizenship No:

Date of Birth:

School Name:

Class:

In the academic year 20....-20.... the MMR (Measles, Mumps, Rubella) vaccination

was given / was not given when he/she was in Kindergarten.

I have read and understood the above. In the 2017/18 academic year I give my consent I do not give my consent for my child to receive vaccination/s (please tick the box of your choice).

Parent's Note:

Student's Mother/Guardian's

Name and Surname:

Date:

Signature:

Student's Father/Guardian's

Name and Surname:

Date:

Signature:

(This part to be completed by School Authorities)

I have read and understood the above. I approve all the data given by the student's parents/guardians.

School Authority

Name and Surname:

Position:

Date:

Explanation:

Signature:

IMPORTANT: To the attention of School Authorities; so that a student can be vaccinated, there must be at least two approved signatures on this form. In cases where a child has only one parent/guardian, this should be mentioned in the Explanation part of the form above.