

PIERCE COUNTY FIRE DISTRICT #27

12207 Lake Josephine Blvd.

Anderson Island, WA 98303

**PARENTAL CONSENT FOR VACCINATIONS
FOR JUNIOR/CADET FIREFIGHTERS**

I, _____ (PRINT NAME) am the parent/legal guardian of _____. I understand that due to the occupational exposure to blood or potentially infectious materials, the risk of acquiring Hepatitis B virus (HBV) infection is possible.

I therefore consent for _____ (PRINT NAME) to receive immunization for Hepatitis B at the expense of PCFD #27. I understand that this immunization is a series of three (3) vaccines given over a period of 6 months.

If necessary, a Tetanus vaccine and TB skin testing may also be administered at the expense of PCFD #27.

I've filled out the record below to help you determine what vaccines are necessary.

Vaccination Record

Hepatitis B (1st Vaccine) _____ Date _____

Hepatitis B (2nd Vaccine) _____ Date _____

Hepatitis B (3rd Vaccine) _____ Date _____

Tetanus _____ Date _____

TB Skin Test _____ Date _____

Other _____

The above records information is true and correct to the best of my knowledge.

Signature of parent/legal guardian

Date

Signature of Jr. Firefighter

Date