

[Your Name]  
[Your Address]  
[City, State, Zip Code]  
[Email Address]  
[Phone Number]  
[Date]

[Healthcare Provider's Name]  
[Healthcare Facility's Name]  
[Facility Address]  
[City, State, Zip Code]

Subject: Tdap Vaccine Consent Letter

Dear [Healthcare Provider's Name],

I, [Your Name], hereby give my consent for the administration of the Tdap (tetanus, diphtheria, and pertussis) vaccine to myself/my child [Child's Name, if applicable] who is [age of child, if applicable].

I have been informed about the benefits and potential risks associated with the Tdap vaccine. I understand that this vaccine helps protect against serious diseases caused by tetanus, diphtheria, and pertussis.

I acknowledge that I have had the opportunity to ask questions and that my questions have been answered to my satisfaction.

Please proceed with administering the Tdap vaccine.

Sincerely,

[Your Signature]

[Your Printed Name]

[Relationship to the child, if applicable]