



Office of the Health Officer

Date _____

Dear Parent/Guardian:

Your child will receive the Hepatitis B vaccine and/or the Varicella (Chicken Pox) vaccine according to your child's record on file with his/her school, within the next thirty (30) days.

If your child has already received the above-mentioned vaccines, please contact your child's school to inform them.

If your child has any medical problems or illnesses within the next thirty days, please contact your child's school.

By signing below you give the Prince George's County School System and the Prince George's County Health Department permission to vaccinate your child at school in your absence.

Child's Name (Please Print)

Child's Date of Birth

Parent/Guardian Signature

Date

Witness Signature

Date



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