EXHIBIT 2

2018 Tdap Vaccine Consent Form

Sign up online. Visit [SignUp URL]

THIS FORM MUST BE RETURNED

Please complete all the information below (illegible or incomplete forms will not be accepted).

ALL STUDENTS ARE REQUIRED TO HAVE THEIR TDAP (TETANUS, DIPHTHERIA, PERTUSSIS) VACCINATION

Fill out the form below to ensure your child is compliant:				
Full, Legal Name of Student (First Name, Middle Initial, Last Name)		Name of School		
Parent/Guardian Name (First Name, Middle Initial, Last Name)	Relationship to Student	E-mail Address		
Address	Grade	Birth Date (month/date/year)	Age	Sex
City	Zip Code	Home Phone Number	Cell Phone Number	
Demographic Information: (Circle one) White American Indian/Native Alaskan Black Asian Hispanic Other				

Please fill out the following questions pertaining to your child's Health Insurance:	
Circle one: Insurance Medicaid (Prestige, UHC Community, StayWell, & Sunshine)	
Insurance Company:	Member ID:
Policy Holder's Name:	Policy Holder's Date of Birth:
The current health care laws require us to bill your insurance company for the vaccine. You will not be billed, and there will be no co-pay or deductible due. The service is offered at no cost to you. As always, answers are confidential.	☐ MY CHILD DOES NOT HAVE HEALTH INSURANCE

QUESTIONS: Check YES or NO. You must check YES or NO on this form. Incomplete will not be accepted. Please be sure to sign the bottom of the consent form. Signature required.	
☐ Yes ☐ No	Do any of the following apply to your child? (If you answer YES, your child cannot receive Tdap (Tetanus, Diphtheria, Pertussis) unless approved by your child's doctor) • Allergy to Latex or Latex products • Life threatening reaction(s) to a vaccine in the past • Does this child have an unstable neurological disorder such as Epilepsy or seizures? • Has had Guillain-Barre syndrome (very rare)

If you have any health questions, please contact your child's pediatrician or call Healthy Schools LLC at 1-800-566-0596 to speak to a nurse.

Disclosure of SBBC Student Information:
I hereby give consent for SBBC to provide all of the information on this consent form (including medical information, demographics and contact information) to Healthy Schools for licensed healthcare providers to administer vaccination services to my child.

I have received, read, and understand the CDC Vaccine Information Statement for the Tetanus, Diphtheria, Pertussis- Tdap Vaccine). I have read these documents and understand the risk and benefits of the Tdap vaccine. I give permission to Healthy Schools and their administrators to give my child the vaccine in my absence, to communicate with other healthcare providers, as needed, and for data entry, billing and storage according to Florida Department of Health policies, to assure optimal healthcare for my child.

☐ Yes, I want my child to receive the Tdap (Tetanus, Diphtheria, Pertussis) Vaccination

Printed Name of Parent/Guardian _____ Signature of Parent/Guardian _____ Date _____

AREA FOR OFFICIAL USE ONLY FOR ADMINISTRATION			
VIS CDC LAIV Tdap		VIS CDC LAIV Tdap	
LOT Number:	LUA / RUA	LOT Number:	LUA / RUA
RN #	Date	RN #	Date