

COUNTY OF



ALLEGHENY

RICH FITZGERALD
COUNTY EXECUTIVE

Dear Parent or Guardian

The Allegheny County Health Department (ACHD) and Brentwood Borough School District have entered a joint initiative to offer vaccination to your child in their school.

Your child has been identified as being not up to date with their required vaccinations and/or has been listed as provisionally enrolled in school at this time. Lack of vaccination with required vaccines can result in exclusion from school.

The school nurse has identified that your child needs at least one dose of the following required vaccines:

- Hepatitis B (Hep B) - three dose series of vaccines, usually given starting at birth, 3 doses required for school admission
- Diphtheria, Tetanus, Acellular Pertussis (DTaP or Tdap), 4 doses required for school admission, 1 dose of Tdap required to start 7th grade
- Poliovirus (Polio), 4 doses required for school admission
- Measles, Mumps, Rubella (MMR or MMRV), 2 doses required for school admission
- Varicella (Chickenpox), 2 doses required for school admission
- Meningococcal (MCV or MCV4), 1 dose required to start 7th grade and a second dose required at the start of 12th grade or after the child's 16th birthday

It might also be appropriate for your child to receive the following recommended vaccines:

- Human Papillomavirus (HPV) recommended for all children aged 9 and older, 2 or 3 doses to be given based on the age the child receives their first vaccine in the series
- Meningococcal B (Meningitis B) recommended for all children aged 10 and older, 2 dose series
- Not applicable based on child's age

The ACHD Immunization nurses will be coming to Brentwood MS/HS on December 11/12 and Elroy Elementary on December 13. Please review the attached consent form and return it to the school nurse by November 29, 2023

Thank you-

Brentwood Borough School Nurses and The Allegheny County Health Department
Immunization Program



**ALLEGHENY COUNTY HEALTH DEPARTMENT
IMMUNIZATION PROGRAM**

HARTLEY ROSE BUILDING, 4TH FLOOR
425 FIRST AVENUE • PITTSBURGH, PA 15219
PHONE: 412.578.8062 • FAX: 412.578.8300
WWW.ALLEGHENYCOUNTY.US/HEALTHDEPARTMENT



I, _____ give permission to the Allegheny County Health

Department Immunization Program to vaccinate

with the following immunizations (please see previous page for required and recommended vaccinations):

- Hepatitis B (Hep B)
- Diphtheria, Tetanus, Acellular Pertussis (DTaP or TDaP)
- Poliovirus (Polio)
- Measles, Mumps, Rubella (MMR or MMRV)
- Varicella (Chickenpox)
- Meningococcal (MCV or MCV4)
- Human Papillomavirus (HPV) recommended for all children aged 9 and older
- Meningococcal B (Meningitis B) recommended for all children aged 10 and older

Parent or guardian signature: _____ Date: _____

Name of child: _____ Date of birth: _____

Insurance provider: _____

Member ID: _____ Group #: _____

Name of primary insurance holder: _____

Child to be vaccinated relationship to the insured:

I do **not** give permission for ACHD Immunization Program to vaccinate my child.

Parent or guardian signature: _____ Date: _____

Elroy and Moore Students ONLY

Students in Kindergarten through 5th grade must be accompanied by a parent for the immunization appointment.

_____ Yes, I will attend the appointment with my child

Signature _____ Date _____