TETANUS, DIPHTHERIA and PERTUSSIS WAIVER

IF STUDENT IS OVER THE AGE OF 18:

I, ______________________, have received and reviewed information on tetanus, diphtheria and pertussis, and the availability and effectiveness of its vaccine from Allegheny College. I choose not to be vaccinated against this disease.

_________________________  __________________________
Signature                        Date

IF STUDENT IS UNDER THE AGE OF 18:

I, ______________________, have received and reviewed information on tetanus, diphtheria and pertussis, and the availability and effectiveness of its vaccine from Allegheny College. I choose not to have ______________________, my minor child/ward vaccinated against this disease.

_________________________  __________________________
Signature of Parent or Guardian  Date