



2020-2021

Dear CHCA Parents:

All students entering grade 7 for the 2020-2021 academic year are required to have a **Tdap (Tetanus, Diphtheria and Pertussis)** booster and provide evidence to their child's building nurse prior to the first day of school in August of 2019. All NEW students to CHCA in grades 8 to 12 are required to submit evidence of having received the Tdap booster to their building nurse prior to the first day of school as well. Returning students in grades 8 -12 can assume that evidence is currently on file unless contacted by their building nurse for proof of immunization.

Tdap is a vaccine used to boost immunity to pertussis (whooping cough), tetanus, and diphtheria.

Whooping cough, or pertussis, is a contagious respiratory disease characterized by intense coughing fits causing difficulty breathing. Early signs of Pertussis are similar to that of the common cold with runny nose, sneezing and mild cough. After one to two weeks, the cough becomes more severe and spasmodic. Although whooping cough is usually a mild disease in adolescents, it can be serious for people of any age.

Whooping cough can place a significant burden on families, as a person with whooping cough will be asked to stay home from school until having received at least 5 days of antibiotic treatment so they won't spread the disease to others. CHCA is required to report all cases of suspected Whooping Cough to the County Public Health agency where the student resides.

If your child has **not** had this immunization, please attend to this matter at your convenience during the summer and fill out/return this form by the first day of school in August.

If you would like to learn more about Whooping cough: Centers for Disease Control and Prevention web site: <http://www.cdc.gov/vaccines/vpd-vac/pertussis/default.htm>

Thank you and have a blessed summer and new school year!

In His Service,

CHCA Nursing Staff

My child, _____ in grade _____, received his/her **Tdap (Tetanus, Diphtheria and Pertussis)** booster on (date) _____. Please include Month/Year.

*My child has also received the following immunizations/boosters, which should be added to his/her school medical record as an update. Name of Immunization Date Received:

_____, _____, _____

Parent Signature: _____

Please return this form to the attention to your building school nurse prior to the first day of the school year.