

STUDENT NAME: _____ TEACHER NAME: _____

Mayor Stoney's **LEVEL UP!** C H A L L E N G E

in partnership with **Richmond Public Schools &
Richmond City Health District**



» YOUR CHILD COULD WIN THE GRAND PRIZE! «

Mayor Stoney is calling on parents of 5th graders to help them **LEVEL UP!** to 6th grade by getting their required **TDaP vaccination!**

Students who are either vaccinated at school or who provide a proof-of - Tdap-vaccination form signed by their medical provider will be entered into a school-wide drawing to win a **\$50 GIFT CARD.**

Four RPS classes with the most returned forms will receive a **CLASSROOM PIZZA PARTY!**

PLEASE CHECK ONE:

**My child has or will receive TDaP
vaccination at their doctor's office.***

* A copy of the TDap immunization record **MUST** be presented to their school.

**My child will receive TDaP vaccination at his/
her school, and I have signed the attached
consent form.**

School your child attends: _____

Parent/Guardian: _____

Signature: _____ Date: _____



ALL FORMS DUE TO SCHOOL: March 2nd, 2018