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**APPENDIX 3**

**DONEGAL COUNTY COUNCIL**

**Vaccination Consent Form**

Donegal County Council Vaccination Programme:

Tetanus, Hepatitis A and Hepatitis B

Please complete the following:

**Name (please print name):**

**I wish to receive a vaccination(s) (please tick)**

Please return this form together with your completed Beach Lifeguard Application Form to :

***Human Resources Department, Donegal County Council,***

***Three Rivers Centre, Lifford, Co. Donegal, F93 Y622***

**Signed:-**

**Date:-**