SCHOOL VACCINATION CONSENT FORM

Step 1: Student Information

Student Last Name	Student First Name	Health Card Number

Birthday Year	Month	Day	School	Grade/Class/Teacher

Step 2: Vaccination History

Please indicate if the student has received any of the following immunizations. To ensure the student's record is up to date - **attach a copy** of the student's immunization record so the nurse can review their vaccine history and determine what they need.

Meningococcal Conjugate ACYW-135

Note: This is NOT the same as the Meningococcal-C-C vaccine routinely administered at 1 year of age (Menjugate, NeisVac-C, Men-C-C).

○ Menactra® ○ Nimenrix® ○ MenQuadfi ○ Menveo™ ○ Unknown

Single dose: _____ (YYYY/MM/DD)

Hepatitis B

Note: Twinrix® and Twinrix® Jr are combination vaccines (Hepatitis A and Hepatitis B).

○ INFANRIX-hexa® ○ Engerix®-B ○ Recombivax-HB® ○ Twinrix® ○ Twinrix® Jr. ○ Unknown

Dose 1: _____ (YYYY/MM/DD)
Dose 2: _____ (YYYY/MM/DD)
Dose 3: _____ (YYYY/MM/DD)

Human Papillomavirus Vaccine

○ Gardasil®-9 ○ Unknown

Dose 1: _____ (YYYY/MM/DD)
Dose 2: _____ (YYYY/MM/DD)

Step 3: Consent for Vaccination. Please check (✓) YES or NO for each vaccine. MUST BE COMPLETED

*Note: the second dose of Hepatitis B and HPV is recommended to be given at least 6 months after the first dose, however a longer than recommended interval between doses will provide the same immunity.

Meningococcal ACYW-135 Vaccine – 1 DOSE (REQUIRED for school attendance)			
○ **YES**	I authorize Halton Region Public Health to administer the Meningococcal ACYW-135 vaccine.	○ **NO**	DO NOT administer Meningococcal ACYW-135 vaccine.
Hepatitis B Vaccine – 2 DOSES			
○ **YES**	I authorize Halton Region Public Health to administer the Hepatitis B vaccine and all recommended doses needed to complete the vaccine series (if eligible).	○ **NO**	DO NOT administer Hepatitis B vaccine.
Human Papillomavirus (HPV-9) Vaccine – 2 DOSES			
○ **YES**	I authorize Halton Region Public Health to administer the HPV-9 vaccine and all recommended doses needed to complete the vaccine series (if eligible).	○ **NO**	DO NOT administer HPV-9 vaccine.

Reverse side MUST be completed.

Step 4: Student Health History

*Note: Children with certain medical conditions or a cochlear implant may be eligible for additional doses.

Has the student ever had a reaction to a vaccine?	○ **YES**	○ **NO**	If YES, what was the vaccine and list the symptoms:
Does the student have any allergies?	○ **YES**	○ **NO**	If YES, list the allergies:
Has the student ever fainted?	○ **YES**	○ **NO**	If YES, describe what happened:
Does the student have a serious medical condition?*	○ **YES**	○ **NO**	If YES, list the condition(s):
Does the student take any medication(s) or have a medical condition that weakens the immune system?*	○ **YES**	○ **NO**	If YES, list the medication(s) and/or condition(s):
Does the student have a cochlear implant?*	○ **YES**	○ **NO**	
Does the student require support to receive a needle? (i.e., extreme fear of needles, non-verbal, sensitive to light/sounds)	○ **YES**	○ **NO**	If YES, provide details:
Is there any other information we should know about the student?	○ **YES**	○ **NO**	If YES, provide details:

Step 5: Parent/Legal Guardian Signature **MUST BE COMPLETED**

The consent is valid for the time period needed to give a complete series of the vaccine(s). I acknowledge that I have read the attached fact sheet and understand the expected benefits and possible side effects of the vaccine(s). I have had the opportunity to have my questions answered. I understand that I may withdraw my consent at any time by calling 311.

Parent/Legal Guardian Name	**Parent/Legal Guardian Daytime Phone**	**Parent/Legal Guardian Alternative Phone**

SIGN HERE

X_____ _____

Parent/Legal Guardian Signature — Date

Note: A Public Health Nurse may contact you if clarification is needed with the consent.

Additional Notes:

- Students can receive missed or additional doses of the vaccines through their primary care provider, at a public health community immunization clinic, or at a school clinic when the student is in Grade 8.
- **Report vaccines to Public Health after every new dose received from your doctor.** You can report vaccines online by visiting **halton.ca/immunize**. Remember: Health care providers do not report immunizations to Public Health; parents and guardians are responsible for reporting every vaccine.
- To learn more about immunizations, please scan the QR code or visit:

halton.ca/immunize

DATE	FOR OFFICE USE ONLY

Personal health information is collected to obtain consent to administer vaccine(s) listed on this form. Nurses will use this information to make sure it is safe to give the vaccine(s). We may share vaccine records with your child's health care provider unless you ask us not to. You can refuse to provide information on this form, but nurses may not be able to administer vaccines without all information. If you have questions, call 311 to speak to a nurse in the Immunization Services Program.