

SCHOOL VACCINATION CONSENT FORM

See reverse side for instructions on how to complete this form

Step 1: Your Child's Information				
Child's Last Name		Child's First Name		Health Card Number
Birthday Year Month Day	School		Grade/Class/Teacher	
Parent/Legal Guardian Name		Parent/Legal Guardian Daytime Phone		Parent/Legal Guardian Alternative Phone

Step 2: Your Child's Health History		
*Note: children with certain medical conditions or a cochlear implant may be eligible for additional doses.		
If selecting YES , please explain:		
Has your child ever had a reaction to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have any allergies?	<input type="radio"/> YES <input type="radio"/> NO	
Has your child ever fainted after vaccination?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a serious medical condition?*	<input type="radio"/> YES <input type="radio"/> NO	
Does your child take any medication(s) or have a medical condition that weakens the immune system?*	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a cochlear implant?*	<input type="radio"/> YES <input type="radio"/> NO	

Step 3: Please indicate if your child has received any of the following immunizations, then proceed to step 4.		
<p>Meningococcal ACYW-135 (Menactra®, Nimenrix®, Menveo™) received on:</p> <p>Dose 1: _____ (YYYY/MM/DD)</p> <p>Note: The Meningococcal ACYW-135 vaccine is different from the Meningitis C vaccine that your child may have received as a baby.</p>	<p>Hepatitis B (Twinrix®, Engerix®, Recombivax®) received on:</p> <p>Dose 1: _____ (YYYY/MM/DD)</p> <p>Dose 2: _____ (YYYY/MM/DD)</p> <p>Dose 3: _____ (YYYY/MM/DD)</p>	<p>Human Papillomavirus (HPV) (Gardasil®) received on:</p> <p>Dose 1: _____ (YYYY/MM/DD)</p> <p>Dose 2: _____ (YYYY/MM/DD)</p>

Step 4: Permission for Vaccination. Please check (✓) YES or NO for each vaccine.		
Meningococcal ACYW-135 (Required for school attendance) I authorize Halton Region Public Health to administer any doses for which my child is eligible.	<input type="radio"/> YES	<input type="radio"/> NO
Hepatitis B I authorize Halton Region Public Health to administer any doses for which my child is eligible.	<input type="radio"/> YES	<input type="radio"/> NO
Human Papillomavirus (HPV) I authorize Halton Region Public Health to administer any doses for which my child is eligible.	<input type="radio"/> YES	<input type="radio"/> NO

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.

Step 5: Parent/Legal Guardian Signature	
<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: green; color: white; padding: 5px 10px; font-weight: bold; margin-right: 10px;">SIGN HERE</div> <div style="border-bottom: 1px solid black; width: 80%;"></div> </div> <p style="text-align: center; margin-top: 5px;">Parent/Legal Guardian Signature</p>	<div style="border-bottom: 1px solid black; width: 80%;"></div> <p style="text-align: center; margin-top: 5px;">Date</p>

SCHOOL VACCINATION CONSENT FORM

Instructions on how to complete the School Vaccination Consent Form

Step 1: Please complete all boxes with the most current information.

Step 1: Your Child's Information					
Child's Last Name Doe		Child's First Name Jane		Health Card Number 123-456-7891-AB	
Year 2012	Month 03	Day 16	School St. Mary		Grade/Class/Teacher 7-2/Mrs. Smith
Parent/Legal Guardian Name Mary Doe			Parent/Legal Guardian Daytime Phone 905-123-4567		Parent/Legal Guardian Alternative Phone 289-456-0321

Step 2: Please check YES or NO for each question. If selecting YES, please provide an explanation.

Step 2: Your Child's Health History		If selecting YES, please explain:
*Note: children with certain medical conditions or a cochlear implant may be eligible for additional doses.		
Has your child ever had a reaction to a vaccine?	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Does your child have any allergies?	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Has your child ever fainted after vaccination?	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Does your child have a serious medical condition?*	<input type="radio"/> YES <input checked="" type="radio"/> NO	
Does your child take any medication(s) or have a medical condition that weakens the immune system?*	<input checked="" type="radio"/> YES <input type="radio"/> NO	Remicade
Does your child have a cochlear implant?*	<input checked="" type="radio"/> YES <input type="radio"/> NO	

Step 3: If your child received any of the following immunizations, please provide the dates. You can contact your health care provider or check your child's immunization record.
NOTE: Nurses will only administer vaccines that your child is eligible for and for which consent is provided.

Step 3: Please indicate if your child has received any of the following immunizations, then proceed to step 4.		
Meningococcal ACYW-135 (Menactra®, Nimenrix®, Menveo™) received on: Dose 1: _____ (YYYY/MM/DD) Note: The Meningococcal ACYW-135 vaccine is different from the Meningitis C vaccine that your child may have received as a baby.	Hepatitis B (Twinrix®, Engerix®, Recombivax®) received on: Dose 1: 2012/03/16 (YYYY/MM/DD) Dose 2: 2012/04/20 (YYYY/MM/DD) Dose 3: 2012/09/20 (YYYY/MM/DD)	Human Papillomavirus (HPV) (Gardasil®) received on: Dose 1: _____ (YYYY/MM/DD) Dose 2: _____ (YYYY/MM/DD)

Step 4: For each vaccine, please only check YES or NO.

Step 4: Permission for Vaccination. Please check (✓) YES or NO for each vaccine.		
Meningococcal ACYW-135 (Required for school attendance) I authorize Halton Region Public Health to administer any doses for which my child is eligible.	<input checked="" type="radio"/> YES	<input type="radio"/> NO
Hepatitis B I authorize Halton Region Public Health to administer any doses for which my child is eligible.	<input type="radio"/> YES	<input checked="" type="radio"/> NO
Human Papillomavirus (HPV) I authorize Halton Region Public Health to administer any doses for which my child is eligible.	<input checked="" type="radio"/> YES	<input type="radio"/> NO
<small>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.</small>		

Step 5: Consent must be validated with a parent or legal guardian signature.

Step 5: Parent/Legal Guardian Signature	
_____ Parent/Legal Guardian Signature	_____ Date 2024/09/12

To view or submit your child's immunization record, please go to halton.ca/immunize. If their record requires updates, please call 311.

Additional Notes:

- If you need to make a **correction** on the consent form, please initial beside the correction made.
- If your child is **absent** on the school clinic day, please follow up by calling 311 to discuss next steps.
- On the school clinic day, public health nurses will review your child's **immunization record** to determine if your child is eligible to receive the vaccines you consented for.

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.