

# Hepatitis B Vaccine Consent Form

## Student information

LAST NAME	FIRST NAME
BIRTHDAY <small>y/m/d</small>	SCHOOL
PARENT/GUARDIAN NAME	HOME PHONE
	WORK OR CELL PHONE
	GRADE

## Student health history

Does the student have any allergies (e.g., yeast, latex)?	<input type="radio"/> Yes	<input type="radio"/> No	Please explain any "yes" answers: _____
Has the student ever had a serious reaction to a vaccine?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Does the student have a history of fainting or seizures?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Does the student have a serious medical condition?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Has the student ever received a dose of a hepatitis B vaccine (e.g., TWINRIX®, ENGERIX®-B, RECOMBIVAX HB®)?	<input type="radio"/> Yes	<input type="radio"/> No	_____

## Consent for immunization

I give consent to the Halton Region Health Department to immunize this student with hepatitis B vaccine. This consent applies to all immunization clinics operated by the Halton Region Health Department. The consent is valid for the time period needed to give a complete series of hepatitis B vaccine. I may withdraw my consent in writing. I have read the information about the vaccine or someone has explained it to me. I have had the chance to ask questions. Questions I asked were answered to my satisfaction.

PARENT/GUARDIAN SIGNATURE	DATE
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Personal health information is collected to obtain consent to give the student the vaccine(s) listed on this form. The nurses will use the information to make sure it is safe to give the vaccine(s). The Health Department also keeps the information as a record of the vaccine(s) provided. Vaccine records may be shared with the student's health care provider unless you ask us not to. You can refuse to provide information on this form but vaccine(s) may not be given without all information. If you have questions, call 311 to speak to a nurse in Immunization Services at the Halton Region Health Department.

## Clinic use only

CLINICAL ASSESSMENT	DOSE 1	NOTES	DOSE 2	NOTES
Do you have a fever or are you sick today?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Do you have any questions about this vaccine?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Student health history screening questions have been reviewed.	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

## Vaccine information

Dose 1  RECOMBIVAX HB® 1.0 mL IM

ENGERIX®-B 1.0 mL IM

Given per current vaccine specific medical directive

DATE	TIME	LOT #	EXPIRY DATE	DELTOID SITE		SIGNATURE/DESIGNATION
				R	L	

Dose 2  RECOMBIVAX HB® 1.0 mL IM

ENGERIX®-B 1.0 mL IM

Given per current vaccine specific medical directive

DATE	TIME	LOT #	EXPIRY DATE	DELTOID SITE		SIGNATURE/DESIGNATION
				R	L	

## Notes

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# Hepatitis B

## What is hepatitis B?

Hepatitis B is a serious disease caused by the hepatitis B virus that attacks the liver. Hepatitis B can become a lifelong infection, leading to serious liver disease and even death.

## Is it serious?

There is no cure for hepatitis B. However, chronic hepatitis B can be treated. Most people with hepatitis B get better and develop lifelong protection against the virus. However, others who stay infected can have the virus in their body for the rest of their lives. They are called “carriers” and may not display symptoms, but can transmit the virus to others. These people are at high risk for serious health complications such as liver failure, permanent scarring of the liver (cirrhosis) or liver cancer.

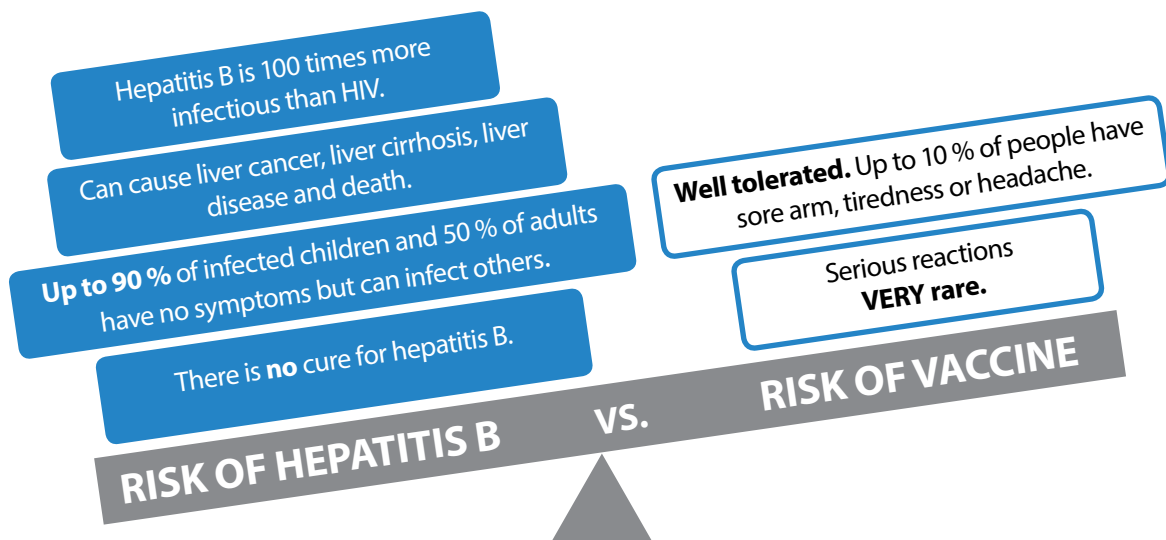
## How is hepatitis B spread?

The hepatitis B virus is spread when blood, body fluids (for example semen, vaginal fluids or saliva), or other fluids containing blood from a person infected with the virus enter the body of someone who is not infected. It can spread through:

- direct contact with the blood or open sores on an infected person;
- from sharing items such as razors or toothbrushes;
- through unprotected sex;
- when unsterile equipment or techniques are used for tattooing, acupuncture or body piercing;
- from sharing needles or syringes during drug use; or
- from a mother to her baby.

## Prevention

You can protect against hepatitis B with a safe and effective vaccine. The vaccine is given to children in Grade 7 as two separate shots four to six months apart, as well as to individuals who meet certain high-risk criteria. The vaccine is 95 to 100 per cent effective and provides protection for at least 30 years. Hepatitis B rates are decreasing in Canada due to immunization.



## How can I prepare my student for vaccination?



Talk to your student about the vaccine.



Complete and return the consent form.



Review helpful ways to deal with fear or anxiety (count to ten, look away from needle, focus on breathing).



Make sure your student eats on clinic day.



Make sure your student wears a short sleeve shirt on clinic day.

Visit [halton.ca/immunize](https://halton.ca/immunize) to learn more.

If you have further questions, talk to your health care provider or call 311.

# Human Papillomavirus (HPV9) Vaccine Consent Form

## Student information

LAST NAME		FIRST NAME	
BIRTHDAY y/m/d	SCHOOL	GRADE	
PARENT/GUARDIAN NAME		HOME PHONE	WORK OR CELL PHONE

## Student health history

Please explain any "yes" answers:

Does the student have any allergies (e.g., yeast)?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Has the student ever had a serious reaction to a vaccine?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Does the student have a history of fainting or seizures?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Does the student have a serious medical condition?	<input type="radio"/> Yes	<input type="radio"/> No	_____

## Consent for immunization

I give consent to the Halton Region Health Department to immunize this student with HPV9 vaccine. This consent applies to all immunization clinics operated by the Halton Region Health Department. The consent is valid for the time period needed to give a complete series of HPV vaccine. I may withdraw my consent in writing. I have read the information about the vaccine or someone has explained it to me. I have had the chance to ask questions. Questions I asked were answered to my satisfaction.

_____ PARENT/GUARDIAN	_____ DATE
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Personal health information is collected to obtain consent to give the student the vaccine(s) listed on this form. The nurses will use the information to make sure it is safe to give the vaccine(s). The Health Department also keeps the information as a record of the vaccine(s) provided. Vaccine records may be shared with the student's health care provider unless you ask us not to. You can refuse to provide information on this form but vaccine(s) may not be given without all information. If you have questions, call 311 to speak to a nurse in Immunization Services at the Halton Region Health Department.

## Clinic use only

CLINICAL ASSESSMENT	DOSE 1	NOTES	DOSE 2	NOTES
Do you have a fever or are you sick today?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Is there a possibility that you could be pregnant?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Do you have any questions about this vaccine?	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	
Student health history screening questions have been reviewed.	<input type="radio"/> Yes <input type="radio"/> No		<input type="radio"/> Yes <input type="radio"/> No	

## Vaccine information

Dose 1  GARDASIL<sup>®</sup>9 0.5 mL IM

Given per current vaccine specific medical directive

DATE	TIME	LOT #	EXPIRY DATE	DELTOID SITE		SIGNATURE/DESIGNATION
				R	L	

Dose 2  GARDASIL<sup>®</sup>9 0.5 mL IM

Given per current vaccine specific medical directive

DATE	TIME	LOT #	EXPIRY DATE	DELTOID SITE		SIGNATURE/DESIGNATION
				R	L	

## Notes

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# Human Papillomavirus (HPV)

## What is HPV?

Human papillomavirus (HPV) is a very common virus around the world. There are many different types of HPV. Most people with HPV do not develop any signs or symptoms. However, some types of HPV can cause cervical, genital and anal cancers. It can also cause cancers of the head and neck as well as genital warts.

## How is HPV spread?

HPV is spread through intimate skin-to-skin contact. You can get HPV by having vaginal, anal, or oral sex with someone who has the virus.

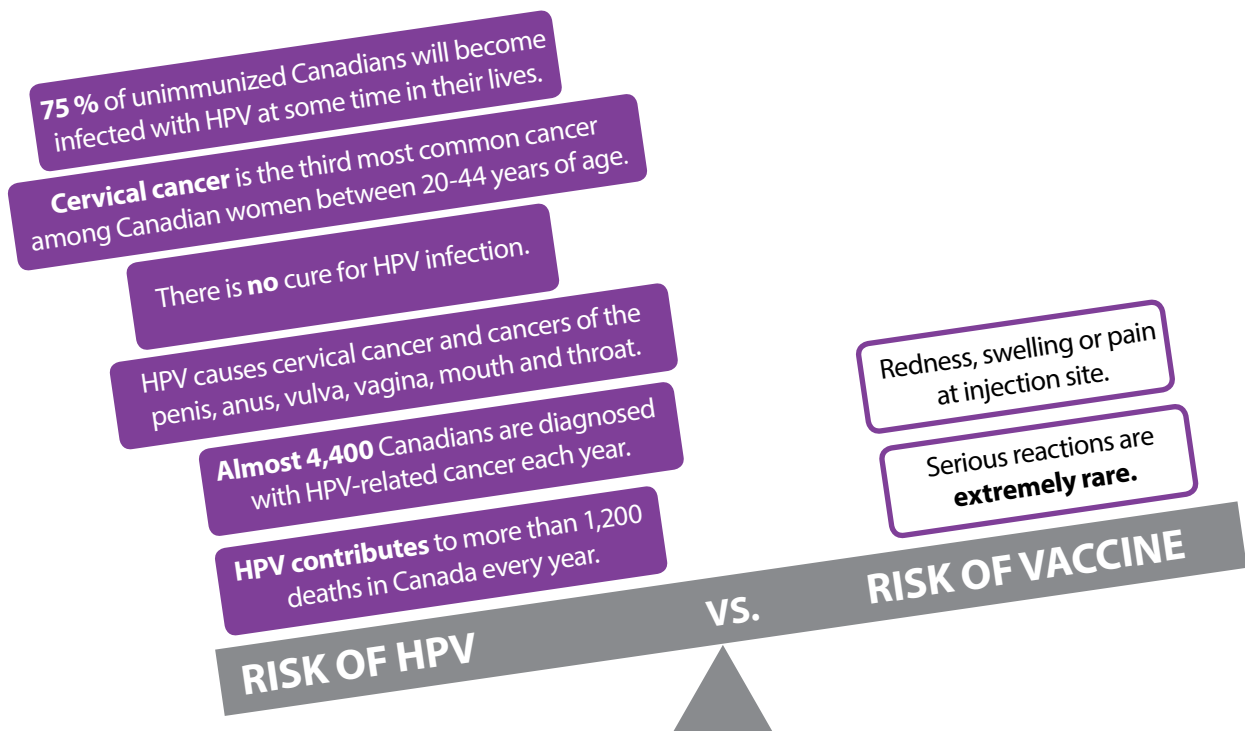
## Prevention

The HPV vaccine protects against infections from the types of HPV that most commonly cause cancer and genital warts. It is important to vaccinate your child well before they engage in sexual activity and are potentially exposed to HPV.

## Is the vaccine safe?

The HPV vaccine is very safe and almost 100 per cent effective. It has been carefully tested and is approved by Health Canada. In addition, Canada has a strong system in place to monitor the safety of the vaccine. The HPV vaccine is approved for use in more than 100 countries, and more than 175 million doses have been distributed around the world.

The HPV vaccine has similar side effects to most other vaccines. The most common side effects are mild and include arm pain, swelling or redness where the injection is given.



## How can I prepare my student for vaccination?



Talk to your student about the vaccine.



Complete and return the consent form.



Review helpful ways to deal with fear or anxiety (count to ten, look away from needle, focus on breathing).



Make sure your student eats on clinic day.



Make sure your student wears a short sleeve shirt on clinic day.

Visit [halton.ca/immunize](http://halton.ca/immunize) to learn more.

If you have further questions, talk to your health care provider or call 311.

**MANDATORY VACCINE AS PER THE IMMUNIZATION OF SCHOOL PUPILS ACT.**

# Meningococcal quadrivalent conjugate (Men-C-ACYW) Vaccine Consent Form

## Student information

LAST NAME	FIRST NAME
BIRTHDAY y/m/d	SCHOOL
PARENT/GUARDIAN NAME	HOME PHONE
	WORK OR CELL PHONE

## Student health history

**Please explain any "yes" answers:**

Does the student have any allergies (e.g., diphtheria toxoid, tetanus toxoid)?	<input type="radio"/> Yes	<input type="radio"/> No	<hr/>
Has the student ever had a serious reaction to a vaccine?	<input type="radio"/> Yes	<input type="radio"/> No	<hr/>
Does the student have a history of fainting or seizures?	<input type="radio"/> Yes	<input type="radio"/> No	<hr/>
Does the student have a serious medical condition?	<input type="radio"/> Yes	<input type="radio"/> No	<hr/>

## Consent for immunization

**I give consent to the Halton Region Health Department to immunize this student with Men-C-ACYW vaccine.** This consent applies to all immunization clinics operated by the Halton Region Health Department. The consent is valid for the time period needed to give one dose of Men-C-ACYW. I may withdraw my consent in writing. I have read the information about the vaccine or someone has explained it to me. I have had the chance to ask questions. Questions I asked were answered to my satisfaction.

PARENT/GUARDIAN SIGNATURE	DATE
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Personal health information is collected to obtain consent to give the student the vaccine(s) listed on this form. The nurses will use the information to make sure it is safe to give the vaccine(s). The Health Department also keeps the information as a record of the vaccine(s) provided. Vaccine records may be shared with the student's health care provider unless you ask us not to. You can refuse to provide information on this form but vaccine(s) may not be given without all information. If you have questions, call 311 to speak to a nurse in Immunization Services at the Halton Region Health Department.

## Clinic use only

CLINICAL ASSESSMENT	DOSE 1	NOTES
Do you have a fever or are you sick today?	<input type="radio"/> Yes <input type="radio"/> No	
Do you have any questions about this vaccine?	<input type="radio"/> Yes <input type="radio"/> No	
Student health history screening questions have been reviewed.	<input type="radio"/> Yes <input type="radio"/> No	

## Vaccine information

- Menactra® 0.5 mL IM
- Menveo™ 0.5 mL IM
- Nimenrix® 0.5 mL IM

Given per current vaccine specific medical directive

DATE	TIME	LOT #	EXPIRY DATE	DELTOID SITE	SIGNATURE/DESIGNATION
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## Notes

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# Meningococcal Disease

## What is meningococcal disease?

Meningococcal disease is a serious bacterial infection. Five different groups of bacteria are most commonly associated with meningococcal disease in Canada.

Some people carry the bacteria at the back of their nose or throat without feeling sick. Meningococcal disease is rare, but when it does occur it is most common in children under five years old, teens and young adults. However, people at any age can get the disease. The best protection is vaccination. Symptoms can become serious and life threatening very quickly, sometimes within hours. Up to one-third of people who recover from meningococcal disease will have a permanent disability such as: hearing loss, brain damage, seizures or require amputation of an arm or leg. Meningococcal disease should always be treated as a medical emergency.

## How is meningococcal disease spread?

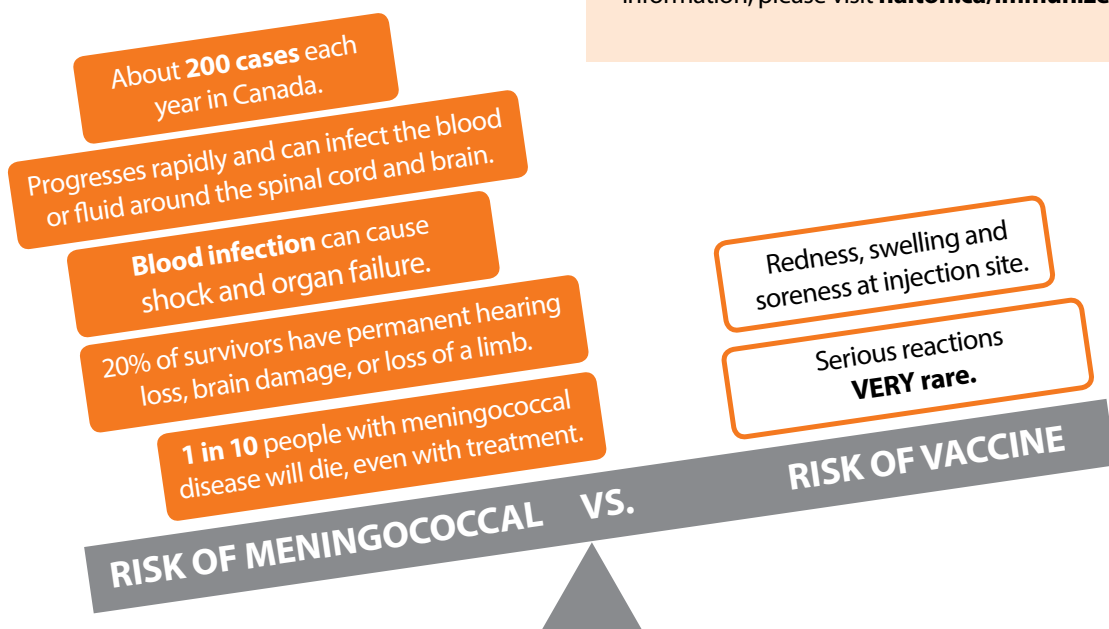
Meningococcal disease can be passed from person to person. The bacteria are spread by direct contact with saliva or mucus of an infected person. This can happen through close contact such as: living in the same household, kissing, or sharing items such as drinks, lipstick, cigarettes or cutlery. An infected person can spread the disease for seven days before becoming sick. Antibiotics can usually stop the bacteria from spreading within 24 hours of starting treatment.

## Prevention

Vaccinations are the best way to protect against meningococcal disease. The vaccine is safe and 80-85 per cent effective in preventing meningococcal disease for around five years. The vaccine is part of the publicly funded vaccination schedule and is offered free to all grade 7 students in Ontario. The meningococcal vaccine is required for children to attend school in Ontario, unless they have a valid exemption.

**Important note:** There is a law in Ontario called the *Immunization School Pupils Act (ISPA)*. Under this law, students must receive certain vaccines or have a valid exemption on file. Students must have proof of immunization or a valid exemption for meningococcal disease, and may be suspended from school if they do not provide this information to the Halton Region Health Department.

Parents who choose not to vaccinate for personal choice must attend a vaccines education session and complete a Statement of Conscience or Religious Belief form. This form must be signed by a commissioner for taking affidavits in Ontario. There are some students who cannot get a vaccine for medical reasons. A doctor can fill out a Statement of Medical Exemption form for them. These forms must be brought to Halton Region Health Department. For more information, please visit [halton.ca/immunize](http://halton.ca/immunize) or call 311.



## How can I prepare my student for vaccination?



Talk to your student about the vaccine.



Complete and return the consent form.



Review helpful ways to deal with fear or anxiety (count to ten, look away from needle, focus on breathing).



Make sure your student eats on clinic day.



Make sure your student wears a short sleeve shirt on clinic day.

Visit [halton.ca/immunize](http://halton.ca/immunize) to learn more.

If you have further questions, talk to your health care provider or call 311.