

SCHOOL VACCINATION CONSENT FORM

See reverse side for instructions on how to complete this form

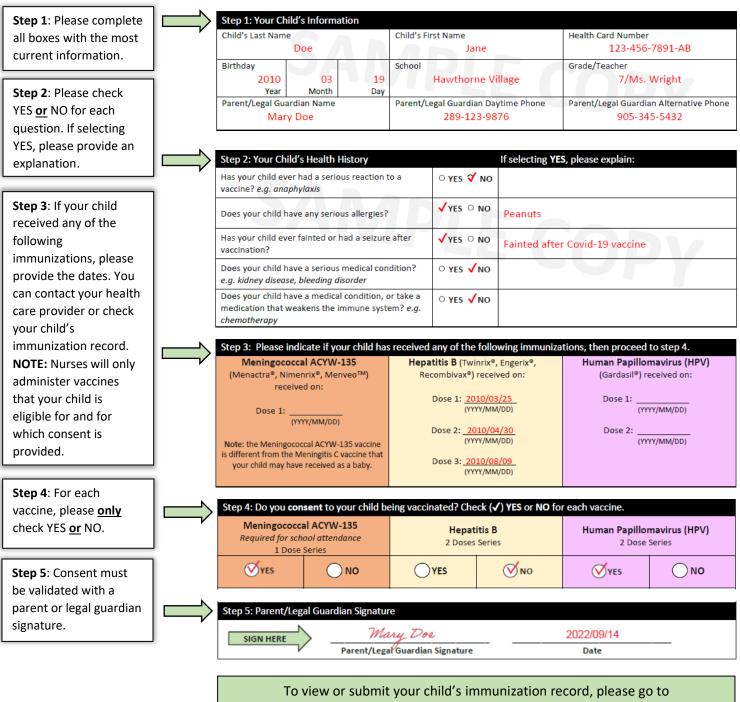
Step 1: Your Child's Information								
Child's Last Name			Child's First Name				Health Card Number	
Birthday	hday		School				Grade/Teacher	
Year	Month	Day						
Parent/Legal Guardian Name			Parent/Legal Guardian Daytime Phone			time Phone	Parent/Legal Guardian Alternative Phone	
Step 2: Your Child's Health HistoryIf selecting YES, please explain:								
Has your child even vaccine? <i>e.g. anap</i>	o a	○ YES ○	NO					
Does your child ha		○ YES ○	NO					
Has your child ever fainted or had a seizure a vaccination?				○ YES ○	NO			
Does your child have a serious medical condition? e.g. kidney disease, bleeding disorder				○ YES ○ NO				
Does your child ha medication that we chemotherapy Step 3: Please in	immune syste	em? e.g.	○ YES ○	_	ving immuniza	tions, then proceed	to step 4	
Step 3: Please indicate if your child has received any of the following immunizations, then proceed to step 4. Meningococcal ACYW-135 Hepatitis B (Twinrix®, Engerix®, Human Papillomavirus (HPV)								
(Menactra [®] , Nimenrix [®] , Menveo [™])			Recombivax [®]) received on:			-	(Gardasil [®]) received on:	
received on: Dose 1:			Dose 1: (YYYY/MM/DD) Dose 2:			'DD)	Dose 1:	
Note : the Meningococcal ACYW-135 vaccine is different from the Meningitis C vaccine that your child may have received as a baby.			Dose 2: (YYYY/MM/DD) Dose 3: (YYYY/MM/DD)			′DD)		YY/MM/DD)
Step 4: Do you consent to your child being vaccinated? Check (✓) YES or NO for each vaccine.								
Meningococcal ACYW-135 Required for school attendance 1 Dose Series			Hepatitis B 2 Doses Series				Human Papillomavirus (HPV) 2 Dose Series	
YES	C) NO	0	YES	(NO	YES	NO
By checking yes and signing this form, I am authorizing Halton Region Public Health to administer the first or second dose of the specified vaccine(s). 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								
SIGN HERE								
SIGN HERE		Parent/L	egal Guardian Signature				Date	

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.



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Instructions on how to complete the School Vaccination Consent Form



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.

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