

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

Step 2: Your Child's Health History		If selecting YES, please explain:
Has your child ever had a serious reaction to a vaccine? <i>e.g. anaphylaxis</i>	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have any serious allergies?	<input type="radio"/> YES <input type="radio"/> NO	
Has your child ever fainted or had a seizure after vaccination?	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a serious medical condition? <i>e.g. kidney disease, bleeding disorder</i>	<input type="radio"/> YES <input type="radio"/> NO	
Does your child have a medical condition, or take a medication that weakens the immune system? <i>e.g. chemotherapy</i>	<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 style="text-align: center;">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 style="text-align: center;">Dose 1: _____ (YYYY/MM/DD)</p> <p style="text-align: center;">Dose 2: _____ (YYYY/MM/DD)</p> <p style="text-align: center;">Dose 3: _____ (YYYY/MM/DD)</p>	<p>Human Papillomavirus (HPV) (Gardasil®) received on:</p> <p style="text-align: center;">Dose 1: _____ (YYYY/MM/DD)</p> <p style="text-align: center;">Dose 2: _____ (YYYY/MM/DD)</p>

Step 4: Do you consent to your child being vaccinated? Check (✓) YES or NO for each vaccine.					
Meningococcal ACYW-135 <i>Required for school attendance</i> 1 Dose Series		Hepatitis B 2 Doses Series		Human Papillomavirus (HPV) 2 Dose Series	
<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input type="radio"/> 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	
<div style="display: flex; align-items: center; justify-content: center;"> <div style="background-color: green; color: white; padding: 5px; 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	
Birth Year 2010	Month 03	Day 19	School Hawthorne Village	Grade/Teacher 7/Ms. Wright	
Parent/Legal Guardian Name Mary Doe			Parent/Legal Guardian Daytime Phone 289-123-9876	Parent/Legal Guardian Alternative Phone 905-345-5432	

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:	
Has your child ever had a serious reaction to a vaccine? e.g. anaphylaxis	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Does your child have any serious allergies?	<input checked="" type="radio"/> YES <input type="radio"/> NO	Peanuts	
Has your child ever fainted or had a seizure after vaccination?	<input checked="" type="radio"/> YES <input type="radio"/> NO	Fainted after Covid-19 vaccine	
Does your child have a serious medical condition? e.g. kidney disease, bleeding disorder	<input type="radio"/> YES <input checked="" type="radio"/> NO		
Does your child have a medical condition, or take a medication that weakens the immune system? e.g. chemotherapy	<input type="radio"/> YES <input checked="" 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: <u>2010/03/25</u> (YYYY/MM/DD) Dose 2: <u>2010/04/30</u> (YYYY/MM/DD) Dose 3: <u>2010/08/09</u> (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: Do you consent to your child being vaccinated? Check (✓) YES or NO for each vaccine.					
Meningococcal ACYW-135 <i>Required for school attendance</i> 1 Dose Series		Hepatitis B 2 Doses Series		Human Papillomavirus (HPV) 2 Dose Series	
<input checked="" type="radio"/> YES	<input type="radio"/> NO	<input type="radio"/> YES	<input checked="" type="radio"/> NO	<input checked="" type="radio"/> YES	<input type="radio"/> NO

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



Step 5: Parent/Legal Guardian Signature	
	<u>Mary Doe</u> Parent/Legal Guardian Signature
	<u>2022/09/14</u> Date

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.