

## SCHOOL VACCINATION CONSENT FORM

### Step 1. Your Child's Information

Child's Last Name			Child's First Name			Health Card Number		
Birthday Year                      Month                      Day	School			Grade				
Parent/Guardian Name <input type="checkbox"/> parent <input type="checkbox"/> guardian			Parent/Guardian Daytime Phone <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell			Parent/Guardian Alternative Phone <input type="checkbox"/> home <input type="checkbox"/> work <input type="checkbox"/> cell		

### Step 2. Your Child's Health History

#### Explain "yes" answers

Has your child ever had a serious reaction to a vaccine? <i>e.g. anaphylaxis, loss of consciousness</i>	<input type="radio"/> Yes <input type="radio"/> No	
Does your child have any allergies?	<input type="radio"/> Yes <input type="radio"/> No	
Does your child have a history of fainting or seizures?	<input type="radio"/> Yes <input type="radio"/> No	
Does your child have a serious medical condition? <i>e.g. immunocompromised, undergoing chemotherapy</i>	<input type="radio"/> Yes <input type="radio"/> No	
Has your child already received any of these vaccines? (Note: the Meningococcal C-ACYW-135 vaccine is different from the Meningitis C vaccine that your child may have received as a baby. It protects against more types of meningitis.)	<input type="radio"/> Yes <input type="radio"/> No	Meningococcal ACYW-135 (Menactra®, Nimenrix®, Menveo™) <b>Date:</b>
		Hepatitis B (Twinrix®, Engerix®-B, Recombivax HB®) <b>Date(s):</b>
		Human Papillomavirus (HPV) (Gardasil®9) <b>Date(s):</b>

**! Please note:** To align with provincial masking requirements for healthcare settings, students and staff will need to wear a mask while attending the school vaccine clinic. Students can wear their own masks or masks will be provided to students by Halton Region Public Health.

### Step 3. Consent for Immunization

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 the/these vaccine(s). I have read the information about the vaccines or someone has explained it to me. I have had the chance to ask questions. Questions were answered to my satisfaction. I understand that I may withdraw my consent at any time.

Meningococcal ACYW-135 Vaccine <i>(Required for school attendance)</i>	
<input type="radio"/> <b>YES</b> I authorize Halton Region Public Health to administer <b>one dose</b> of meningococcal ACYW-135 vaccine.	<input type="radio"/> <b>NO</b> DO NOT administer Meningococcal ACYW-135 vaccine.
Hepatitis B Vaccine	
<input type="radio"/> <b>YES</b> I authorize Halton Region Public Health to administer <b>two doses</b> of hepatitis B vaccine.	<input type="radio"/> <b>NO</b> DO NOT administer Hepatitis B vaccine.
Human Papillomavirus (HPV) Vaccine	
<input type="radio"/> <b>YES</b> I authorize Halton Region Public Health to administer <b>two or three doses</b> of HPV-9 vaccine.	<input type="radio"/> <b>NO</b> DO NOT administer HPV-9 vaccine.

### Step 4. Signature of Parent / Legal Guardian / Individual


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 PARENT/GUARDIAN/INDIVIDUAL SIGNATURE

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 DATE