

School Vaccine Consent Form

Step 1. Provide your child's information

Last Name		First Name		Ontario Health Card #	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					Female	Male	Other
Birthdate	School			Class or Teacher's Name			
Year	Month	Day					
Parent/Legal Guardian Name (please Print)				Parent/Legal Guardian Daytime Phone	Parent/Legal Guardian Alternative Phone		

Step 2. Has your child received any of these vaccines before? If yes, circle which vaccine was given (if known) & provide date

Meningococcal ACYW-135 (Menactra / Menveo / Nimenrix)		Human papillomavirus vaccine (Gardasil / Gardasil – 9 / Cervarix)					
date: _____	date: _____	date: _____	date: _____	date: _____	date: _____	date: _____	date: _____
yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd
Hepatitis B vaccine (Engerix B / Recombivax – HB)		Combination hepatitis B vaccine (Twinrix Jr. / Twinrix / Infanrix – hexa)					
date: _____	date: _____	date: _____	date: _____	date: _____	date: _____	date: _____	date: _____
yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd

Step 3. Student Health History

If "YES" explain

Does your child have any allergies?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Has your child ever had an allergic reaction to a vaccine?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does your child have a history of fainting or seizures?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does your child have any serious medical conditions?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Does your child take any medication?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Is there a possibility your child is pregnant?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Step 4. Consent for vaccination

- I understand the expected benefits, possible risks and side effects of the vaccines.
- I understand the possible risks to my child if not vaccinated.
- I understand that I can withdraw my consent at any time.
- I understand that my child may receive up to three needles in one day.
- This consent is valid for two years.

YES, I authorize Hastings Prince Edward Public Health to administer the following vaccines to my child:

Check for each vaccine

- meningococcal ACYW-135 vaccine (1 dose)
 human papillomavirus (HPV9) vaccine (2 or 3 doses depending on age)
 hepatitis B vaccine (2 or 3 doses depending on age)

NO, I do not authorize Hastings Prince Edward Public Health to administer the following vaccines to my child:

Check for each vaccine

- meningococcal ACYW-135 vaccine
 human papillomavirus (HPV 9) vaccine
 hepatitis B vaccine

Step 5. Signature of Parent / Legal Guardian

X _____
 Signature of Parent / Legal Guardian Print name of Parent / Legal Guardian Date yyyy/mm/dd

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act. It is used to administer the Vaccine Preventable Disease Program, including maintaining immunization records for students. For more information, contact our Privacy Officer at Hastings Prince Edward Public Health.

We are committed to providing accessible publications, programs and services to all. For assistance please call 613-966-5500; TTY 711, or email accessibility@hpeph.ca. For more information, please visit www.hpepublichealth.ca.