

School Vaccine Consent Form

Step 1. Provide your child's information (please print)

Last Name			First Name			Ontario Health Card #			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
									Female	Male	Other	
Birthday				School				Class or Teacher's Name				
Year	Month	Day										
Parent/Guardian Name				Parent/Guardian Phone			Parent/Guardian Alternate Phone			Parent/Guardian Email Address		

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

Human Papillomavirus (Gardasil / Gardasil 9 / Cervarix)			Meningococcal C-ACYW-135 (Menactra / Menveo / Nimenrix)		
date: _____	date: _____	date: _____	date: _____	date: _____	
yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd	
Hepatitis B (Engerix B / Recombivax – HB)			Combination Hepatitis B (Twinrix Jr. / Twinrix / Infanrix–hexa)		
date: _____	date: _____	date: _____	date: _____	date: _____	date: _____
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 DO authorize Hastings Prince Edward Public Health to administer the following vaccines to my child:

Check for each vaccine

Human Papillomavirus (HPV9)
(2 doses)

Meningococcal C-ACYW-135
(1 dose)

Hepatitis B
(2 doses)

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

Check for each vaccine

Human Papillomavirus (HPV 9)

Meningococcal C-ACYW-135

Hepatitis B

Step 5. Signature of Parent / Legal Guardian

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

Public Health Use Only:

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 613-966-5500.