

Human Papillomavirus (HPV) Vaccine (Gardasil 9®)

Information on vaccines for school-aged children.

Instructions for parents

1. Read this information sheet.
2. Complete the consent form and return the form to your child's school.
3. Make sure your child eats on the day of the clinic.
4. Make sure your child wears a short sleeve shirt on the day of the clinic.
5. If your child needs doses, book an appointment at Public Health Sudbury & Districts.

What is human papillomavirus (HPV)?

There are many different strains of HPV that can cause the following diseases:

- abnormal and precancerous cervical lesions
- cervical cancer
- vaginal and vulvar cancers
- anal and penile cancers
- cancers of the mouth and throat
- genital warts

How is HPV spread?

Skin-to-skin sexual contact with an infected person (it can spread without having intercourse).

What is the Gardasil 9® vaccine?

Gardasil 9® is a safe and effective vaccine that offers protection against nine strains of HPV. For full protection against HPV, many doses* of the vaccine are needed within a one-year period.

The vaccine is most effective when given before the person is exposed to HPV by sexual contact.

*Depending on the age of the child, two or three doses are required.

Who should get the Gardasil 9® vaccine?

The vaccine is recommended and available at no cost at Public Health Sudbury & Districts for the following students in the 2019-2020 school year:

- males grade 7-10
- females grade 7-12

Who should not get the Gardasil 9® vaccine?

- students who have a fever or any illness more serious than a minor cold on the day of the clinic
- students with allergies to yeast, polysorbate 80, L-histidine, sodium chloride, or sodium borate

What are the possible side effects of this vaccine?

The most common reported side effects are:

- redness, swelling, pain, or itching at the injection site
- slight fever
- nausea
- vomiting
- dizziness
- headache

Severe reactions are rare.

Call your health care provider if your child has any of the following reactions:

- trouble breathing
- swelling of the face or mouth
- fever over 40°C (104°F)
- hives or rash
- any other serious problem

A nurse will keep an eye on your child for 15 minutes after vaccination.

Visit phsd.ca/studentvaccines for information or to report vaccinations given by other health care providers.



Consent for Human Papillomavirus (HPV) Vaccine (Gardasil 9®)

Available at no cost for males grade 7-10 and females grade 7-12 in the 2019-2020 school year

All signed consent forms are to be returned to school with **one** of the three options selected.

Last name: _____ First name: _____

Date of birth: (y/m/d) _____ Gender: Male Female Other: _____

School: _____

Primary phone #: _____ Secondary phone #: _____

I request that this child receives the HPV vaccine.
I have read, or have been informed about HPV vaccine. I have had the chance to ask questions and I understand the benefits and risks of the vaccine. Any questions that I asked have been answered to my satisfaction. This consent is valid for the period required to give the vaccine (up to 24 months), unless cancelled in writing.
Date: _____ Parent/guardian signature: _____

I do not want this child to receive the HPV vaccine.
Parent/guardian signature: _____

This child has already received the HPV vaccine on these dates:
1st dose date: _____ 2nd dose date: _____ 3rd dose date: _____
Parent/guardian signature: _____

Nurse's use only

1st dose date: _____

2nd dose date: _____

RN initial: _____

RN initial: _____

Administered under the current medical directive for Gardasil 9® vaccine signed by Dr. A. Zbar (Associate Medical Officer of Health for Public Health Sudbury & Districts).

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IF NECESSARY

3rd dose date: _____

RN initial: _____

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Personal information contained on this form is collected under the authority of one or more of the following: the Health Protection and Promotion Act, R.S.O. 1990, c.H.7; Drug and Pharmacies Regulation Act, R.S.O. 1990, c. H.4 (formerly The Health Disciplines Act); the Immunization of School Pupils Act, R.S.O.1990, c.I.1; the Regulated Health Professions Act, 1991, S.O. 1991, C.18; and is in compliance with the Municipal Freedom of Information and Privacy Protection Act, R.S.O. 1990, C.M.56; and the Personal Health Information Protection Act, 2004, c.3, Schedule A. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Information & Privacy Officer at 705.522.9200.

