

# Tdap Vaccine (Adacel® or Boostrix®)

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 is absent on the day of the clinic, book an appointment at Public Health Sudbury & Districts.

## What is tetanus?

Tetanus is a bacteria that is usually found in dust, soil, and manure. It enters the body through broken skin, usually by way of a cut or puncture wound caused by contaminated objects which may result in an infection. Symptoms of tetanus infection may include:

- stiffness in the jaw and neck, followed by stiffening of the muscles in the arms, legs, and stomach
- difficulty swallowing
- lung infections
- painful muscle contractions or spasms—muscle spasms can be so intense that bones can break

## What is diphtheria?

Diphtheria is a bacteria that can cause a very serious respiratory infection. Symptoms of a diphtheria infection may include:

- mild fever
- sore throat, difficulty swallowing and breathing
- feeling generally unwell
- loss of appetite
- a thick greyish-white material covering the back of the throat

## What is pertussis?

Pertussis, sometimes called “whooping cough” is a very contagious infection of the respiratory system caused by a bacteria.

The illness usually starts with cold-like symptoms with mild fever and cough. After 1 to 2 weeks, severe coughing can begin and may lead to vomiting and fatigue.

## What is the Adacel® or Boostrix® vaccine?

Safe and effective vaccines that offer protection against tetanus, diphtheria, and pertussis (Tdap).

## Who should get the Tdap vaccine?

The vaccine is **required** to attend school in Ontario, and is available at no cost through Public Health Sudbury & Districts or your health care provider. Students may be suspended from school if they are not immunized or do not have a valid exemption.

A Tdap booster is due 10 years from the date the last diphtheria, tetanus, pertussis and polio vaccine was received, which is usually given between the ages of 4 to 6 years of age.

## Who should not get the Tdap vaccine?

- Anyone with an allergy to any part of the vaccine or has had an allergic reaction to a past dose of this vaccine, a tetanus, diphtheria, or pertussis vaccine.
- Students who have a fever or any illness more serious than a minor cold on the day of the clinic.

## What are the possible side effects of this vaccine?

The most common reported side effects are:

- redness, warmth or slight swelling at the injection site
- slight fever
- decreased energy

## Severe reactions are rare.

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

- 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 the student for 15 minutes after vaccination.**

Visit [phsd.ca/studentvaccines](http://phsd.ca/studentvaccines) for information or to report vaccinations given by other health care providers.



# Consent for Tdap Vaccine (Adacel® or Boostrix®)

Available at no cost for high school students.

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 am 16 years of age or older and provide my own consent to receive the Tdap vaccine.**  
Date: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_

**I request that this child receives the Tdap vaccine.**  
I have read, or have been informed about Tdap 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 Tdap vaccine.**  
Date: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_

**This child has already received the Tdap vaccine on these dates:**  
Date: \_\_\_\_\_ Parent/guardian signature: \_\_\_\_\_

## Nurse's use only

Date: \_\_\_\_\_ RN initial: \_\_\_\_\_

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

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.

