

School Immunization Consent Form

Meningococcal C-ACYW-135 Vaccine, Hepatitis B Vaccine, & Human Papillomavirus (HPV 9) Vaccine

All signed consent forms are to be returned to school with the applicable options selected.

1. Student Information

Legal last name: _____ Legal first name: _____

Chosen name (if different than legal name): _____

Date of birth (y/m/d): _____ Ontario Health Card #: _____

School: _____ Grade: _____

Parent/legal guardian last name: _____

Parent legal/guardian first name: _____

Relationship to student: _____

Primary phone #: _____ Secondary phone #: _____

2. Consent for Vaccination

I have read, or have been informed about, the attached vaccine information sheet(s). I have had the chance to ask questions and I understand the benefits, risks, and side effects of the vaccine(s). All questions asked have been answered to my satisfaction. I understand that the student may receive up to three needles in one day. This consent is valid for the period required to give the vaccine(s) (up to 24 months). I understand that I can withdraw my consent at any time by calling Public Health Sudbury & Districts at 705-522-9200, ext. 458 and speaking to a public health nurse.

Note: If the student has previously received any of these vaccines, the nurse will determine if more doses are required according to the Ontario Immunization Schedule and the Canadian Immunization Guide. It is understood that providing consent to any of the vaccines below constitutes consent for the administration of all remaining doses required to complete the vaccination series. This will support optimal protection for the student and those around them.

Ce document est également disponible en français. Visitez phsd.ca/vaccinseleves



Meningococcal ACYW-135 Vaccine <small>*Required for school attendance under the <i>Immunization of School Pupils Act, 1991.</i></small>	Hepatitis B Vaccine	Human Papillomavirus (HPV) Vaccine
Yes, I consent to this student receiving the Meningococcal ACYW-135 vaccine at school. X _____ Print parent/legal guardian name X _____ Parent/legal guardian signature Date: _____	Yes, I consent to this student receiving the Hepatitis B vaccine at school. X _____ Print parent/legal guardian name X _____ Parent/legal guardian signature Date: _____	Yes, I consent to this student receiving the human papillomavirus vaccine at school. X _____ Print parent/legal guardian name X _____ Parent/legal guardian signature Date: _____
No, I do not consent to this student receiving the Meningococcal ACYW-135 vaccine at school. X _____ Print parent/legal guardian name X _____ Parent/legal guardian signature Date: _____	No, I do not consent to this student receiving the Hepatitis B vaccine at school. X _____ Print parent/legal guardian name X _____ Parent/legal guardian signature Date: _____	No, I do not consent to this student receiving the human papillomavirus vaccine at school. X _____ Print parent/legal guardian name X _____ Parent/legal guardian signature Date: _____

*To meet public health requirements, any personal information contained on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990*; *Drug and Pharmacies Regulation Act, R.S.O. 1990*, (formerly The Health Disciplines Act); *Immunization of School Pupils Act, R.S.O. 1990*; *Regulated Health Professions Act, 1991, S.O. 1991*; *Child Care and Early Years Act, 2014, S.O. 2014* and is in compliance with the *Municipal Freedom of Information and Privacy Protection Act, R.S.O. 1990*; and the *Personal Health Information Protection Act, 2004, S.O. 2004*. 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 Program Manager at Public Health Sudbury & Districts, 1300 Paris Street, Sudbury, ON P3E 3A3, 705.522.9200, ext. 458.

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