

1. Please read the vaccine information package
2. Complete all sections on the front only of this consent form with blue or black pen
3. Both the parent/legal guardian and student must sign this consent form and return it to the child's teacher

### 1. STUDENT INFORMATION

Last name	First name	Ontario health card #	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
			Male	Female	Other
Birthday (year/month/day)		School	Teacher's Name		
Parent / Legal guardian name (please print)		Relationship to student	Home phone		Work or cell
Health care provider (doctor)					
*Providing the health care provider's (HCP) name authorizes Niagara Region Public Health to speak with that HCP about vaccinations					

### 2. STUDENT HEALTH HISTORY

If "yes," please list

a) Is your child allergic to medication, food, latex, yeast, aluminum, formaldehyde, diphtheria toxoid protein, other?	<input type="radio"/> YES <input type="radio"/> NO	
b) Has your child ever had a reaction to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	
c) Does your child have a history of fainting?	<input type="radio"/> YES <input type="radio"/> NO	
d) Does your child have a past or present serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	
e) Does your child take any prescription or non-prescription medications?	<input type="radio"/> YES <input type="radio"/> NO	

### 3. STUDENT IMMUNIZATION HISTORY

My child has already received the following: [check vaccine name and provide dates when vaccine(s) were given]

#### Hepatitis B vaccine

Engerix<sup>®</sup>-B  Recombivax-HB<sup>®</sup>

Dates: \_\_\_\_\_  
yyyy/mm/dd      yyyy/mm/dd      yyyy/mm/dd

#### Meningococcal-ACYW-135 vaccine

Menactra<sup>®</sup>  Menveo<sup>™</sup>  Nimenrix<sup>®</sup>

Date: \_\_\_\_\_  
yyyy/mm/dd

#### Combination hepatitis A & B vaccine

Twinrix<sup>®</sup> Jr.  Twinrix<sup>®</sup>

Dates: \_\_\_\_\_  
yyyy/mm/dd      yyyy/mm/dd      yyyy/mm/dd

#### Human papillomavirus vaccine

Gardasil<sup>®</sup>  Cervarix<sup>®</sup>

Dates: \_\_\_\_\_  
yyyy/mm/dd      yyyy/mm/dd      yyyy/mm/dd

### 4. CONSENT FOR VACCINATION

I have read the vaccine fact sheets provided. I have read or had the information explained to me about the vaccines. I understand the benefits, side effects and risks. I have had all my questions answered. I understand the risks to my child if not vaccinated. This consent is valid until all doses are complete. I understand that I can remove my consent at any time by contacting Niagara Region Public Health. I understand that my child may receive up to three needles in one day if a previous dose was missed.

Please check the option(s) that apply to your child:

YES <input type="radio"/>	I authorize Niagara Region Public Health to give <b>one dose of meningococcal-ACYW-135 vaccine</b> (Menactra <sup>®</sup> ) to my child
YES <input type="radio"/>	I authorize Niagara Region Public Health to give the <b>series of human papillomavirus vaccine</b> (Gardasil <sup>®</sup> ) to my child
YES <input type="radio"/>	I authorize Niagara Region Public Health to give the <b>series of hepatitis B vaccine</b> (Recombivax <sup>®</sup> or Engerix <sup>®</sup> ) to my child
NO <input type="radio"/>	I do not want my child vaccinated against the following disease(s): <input type="radio"/> Meningococcal* <input type="radio"/> Human papillomavirus <input type="radio"/> Hepatitis B <i>*Meningococcal vaccine is required to attend school in Ontario, unless a legal and notarized exemption is provided</i>

This consent form must be signed by a parent or legal guardian of the child. A "legal guardian" is an individual who has been awarded legal guardianship of a child by a court of law. For the purpose of this consent form, we cannot accept forms signed by other caregivers or persons with whom the child resides without proof of their status as a legal guardian of the child.

X \_\_\_\_\_  
Signature of parent  or Legal guardian  Date \_\_\_\_\_

X \_\_\_\_\_  
Signature of student Date \_\_\_\_\_

