

Grade 8 School Immunization Consent Form

For Human Papillomavirus (HPV) Vaccine Gardasil®



Instructions:

1. Read the following information before completing the consent form
Dear Parent(s)/Guardian(s) Letter
Fact Sheet on the Human Papillomavirus (HPV) Vaccine
2. If you want your child to receive the vaccine at the school clinic, **complete SECTION 1, 2 and 3.**
3. If your child has already received the vaccine, or if you do not want the Health Unit to administer the vaccine **complete SECTION 4.**

Section 1 – Student’s Personal Information		
Student’s Last Name:	First Name:	
Date of Birth: yyyy / mm / dd <input type="checkbox"/> M <input type="checkbox"/> F	Phone#: Home: () _____	
Parent/Guardian Name:	Cell: () _____ Bus: () _____	
School:	Teacher:	Grade:

Section 2 – Personal Health Information		
Have you ever had an allergic reaction to a vaccine?	No <input type="checkbox"/>	Yes <input type="checkbox"/> If yes, please explain below
Do you have an allergy to any of the vaccine components? (See attached Fact Sheets.)	No <input type="checkbox"/>	Yes <input type="checkbox"/> If yes, please explain below
Do you have any serious health/immune system problems?	No <input type="checkbox"/>	Yes <input type="checkbox"/> If yes, please explain below
Do you have a history of seizures, fainting or asthma?	No <input type="checkbox"/>	Yes <input type="checkbox"/> If yes, please explain below
Are you on any medication?	No <input type="checkbox"/>	Yes <input type="checkbox"/> If yes, please explain below
Please explain any “Yes” answers provided above: _____		

Section 3: Student and Parent/Guardian Consent – Human Papilloma virus (HPV) Vaccine Gardasil®	
I have read the fact sheets provided on Human Papilloma virus (HPV) Vaccine Gardasil® and I understand the benefits, risks and possible reactions after vaccination. I consent for the following vaccine to be given:	
Human Papillomavirus (HPV) Vaccine Gardasil® (3 doses)	
Yes <input type="checkbox"/> I consent	
Student Signature:	Date
Parent/Guardian Signature:	Date
Unless cancelled in writing, this consent is valid for the time period needed to give all doses of vaccine.	

OR

Section 4: NO Consent / Previously Vaccinated	
I do not consent to have the Huron County Health Unit administer the Human Papilloma virus (HPV) Vaccine Gardasil® to my child.	
I understand the possible consequences if she is not vaccinated.	
Human Papillomavirus (HPV) Vaccine Gardasil	
No <input type="checkbox"/> I do not consent	
Name of Child:	Date of Birth: yyyy / mm / dd
Parent/Guardian Signature:	Date
If already vaccinated for HPV, please provide dates :	

Personal information is collected under the authority of the Health Protection and Promotion Act (part VII) and in accordance with the Personal Health Information Protection Act and/or the (Municipal) Freedom of Information and Protection of Privacy Act, for the purposes of providing public health programs and for statistical purposes and Section 11 under the Immunization of School Pupils Act for the purpose of maintaining an immunization record for this student.



