

Grade 7 School Immunization Consent Form

For Hepatitis B Vaccine and Meningococcal A, C, W, Y Conjugate Vaccine



Instructions:

1. Read the following information before completing the consent form
Dear Parent(s)/Guardian(s) Letter
Fact Sheet on the Hepatitis B Vaccine and Meningococcal A, C, W, Y Conjugate 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 either vaccine, or if you do not want the Health Unit to administer the vaccine(s) **complete SECTION 4.**

Section 1 – Student’s Personal Information

Student’s Last Name:	First Name:	
Date of Birth: <input type="checkbox"/> M <input type="checkbox"/> F yyyy / mm / dd	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 – Hepatitis B and Meningococcal A,C,Y,W-135 Quadrivalent Conjugate

I have read the fact sheets provided on hepatitis B and meningococcal A, C, W, Y conjugate vaccines and I understand the benefits, risks and possible reactions after vaccination. I consent for the following vaccine(s) to be given:

Hepatitis B Vaccine (2 doses) Yes <input type="checkbox"/> I consent	Meningococcal A, C, W, Y Conjugate Vaccine (1 dose) 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(s).	

OR

Section 4: NO Consent / Previously Vaccinated

I do not consent to have the Huron County Health Unit administer the Hepatitis B and/ or Meningococcal A,C,Y,W-135 Quadrivalent Conjugate vaccine to my child. I understand the possible consequences if he/she is not vaccinated.

Hepatitis B Vaccine No <input type="checkbox"/> I do not consent	Meningococcal A, C, W, Y Conjugate Vaccine (1 dose) 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 hepatitis B, please provide dates → If already vaccinated for meningococcal, please provide date, name of vaccine (Men-C, Menactra or Menomune) Only one shot is required for full protection.	

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.



