



## SCHOOL VACCINATION CONSENT FORM

See reverse side for instructions on how to complete this form

Step 1: Your Child's Information									
Child's Last Name			Child's First Name		Health Card Number				
Birthday			School Grade/Cla			acher			
Year	Month	Day							
Parent/Legal Guardian Name			Parent/Legal Guardian Daytime Phone		Parent/Legal Gu	Parent/Legal Guardian Alternative Phone			
Step 2: Your (	Child's Health	History							
Step 2: Your Child's Health History *Note: children with certain medical conditions or a cochlear implant may be eligible for additional doses.									
					If selecting <b>YI</b>	E <b>S</b> , please explain:			
Has your child ever had a reaction to a vaccine			ine?	○ YES ○ NO					
Does your child have any allergies?				○ YES ○ NO					
Has your child	ever fainted af	fter vaccination	n?	○ YES ○ NO					
Does your child have a serious medical condition?*				○ YES ○ NO					
Does your child take any medication(s) or have a medical condition that weakens the immune system?*				○ YES ○ NO					
Does your child have a cochlear implant?*				○ YES ○ NO					
Step 3: Please indicate if your child has received any of the following immunizations, then proceed to step 4.									
Meningo	Meningococcal ACYW-135 Hepatit			epatitis B (Twinrix®, Engerix®,		Human Papillomavirus (HPV)			
(Menactra®, Nimenrix®, Menveo™)			•	_		p			
		enveo™)	Recombivax®)	_		sil®) received on:			
	Nimenrix <sup>®</sup> , Me eceived on:	enveo™)	Recombivax®)	received on:	(Gardas				
r	eceived on: 1:	_	•	received on:	(Gardas	il®) received on:			
r	eceived on:	_	Recombivax®)  Dose 1: (YY  Dose 2:	received on:	(Gardas Dose 1	::(YYYY/MM/DD)			
Dose :	eceived on:  1:	D) V-135 vaccine	Recombivax®)  Dose 1: (YY  Dose 2:	received on:	(Gardas Dose 1	cil®) received on:			
Dose :  Note: The Meni is different from	eceived on:  1:	D)  V-135 vaccine C vaccine that	Recombivax®)  Dose 1: (YY  Dose 2: (YY  Dose 3:	received on:  YY/MM/DD)  YY/MM/DD)	(Gardas Dose 1	::(YYYY/MM/DD)			
Note: The Meni is different from your child ma	eceived on:  1:	V-135 vaccine C vaccine that l as a baby.	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  YY/MM/DD)	(Gardas Dose 1 Dose 2	::(YYYY/MM/DD)			
Note: The Meni is different from your child ma	eceived on:  1:  (YYYY/MM/DE  ngococcal ACYW the Meningitis on the Meningitis of the	V-135 vaccine C vaccine that l as a baby. cination. Plea	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  YY/MM/DD)	(Gardas Dose 1 Dose 2	::(YYYY/MM/DD)			
Note: The Meni is different from your child ma	eceived on:  1:  (YYYY/MM/DE  ngococcal ACYW the Meningitis on have received  ssion for Vaccal ACYW-135	J-135 vaccine C vaccine that as a baby.  cination. Plea	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  YY/MM/DD)  NO for each vacci	(Gardas Dose 1 Dose 2 ne.	::(YYYY/MM/DD)			
Note: The Meni is different from your child ma	eceived on:  1:  (YYYY/MM/DE  ngococcal ACYW the Meningitis on have received  ssion for Vaccal ACYW-135	J-135 vaccine C vaccine that as a baby.  cination. Plea	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  YY/MM/DD)  NO for each vacci	(Gardas Dose 1 Dose 2 ne.	YES NO			
Note: The Meni is different from your child ma Step 4: Permi Meningococc I authorize Half	eceived on:  1:	V-135 vaccine C vaccine that l as a baby. cination. Plea	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  YY/MM/DD)  NO for each vacci	(Gardas Dose 1 Dose 2 ne.	il®) received on:  :: (YYYY/MM/DD)  2: (YYYY/MM/DD)			
Note: The Meni is different from your child made Step 4: Permi Meningococo I authorize Halt Hepatitis B I authorize Halt Human Papill	eceived on:  1:	J-135 vaccine C vaccine that l as a baby.  cination. Plea G (Required for plic Health to a	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  NO for each vacci  or which my child is	ne.  eligible.	YES NO			
Note: The Meni is different from your child ma Step 4: Permi Meningococc I authorize Halt Hepatitis B I authorize Halt Human Papill I authorize Halt The consent is valid for	eceived on:  1:	V-135 vaccine C vaccine that I as a baby. cination. Plea G (Required for polic Health to a	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  NO for each vacci  for which my child is  for which my child is  cknowledge that I have read	ne. eligible. eligible. the attached fact sheet and	YES NO  YES NO  YES NO  O YES NO  Understand the expected benefits			
Note: The Meni is different from your child ma Step 4: Permi Meningococo I authorize Halt Hepatitis B I authorize Halt I auth	eceived on:  1:	John John John John John John John John	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  NO for each vacci  for which my child is  for which my child is  cknowledge that I have read	ne. eligible. eligible. the attached fact sheet and	YES NO  YES NO  YES NO  O YES NO  Understand the expected benefits			
Note: The Meni is different from your child ma Step 4: Permi Meningococc I authorize Halt Hepatitis B I authorize Halt Human Papill I authorize Halt The consent is valid for	eceived on:  1:	John John John John John John John John	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  NO for each vacci  for which my child is  for which my child is  cknowledge that I have read	ne. eligible. eligible. the attached fact sheet and	YES NO  YES NO  YES NO  O YES NO  Understand the expected benefits			
Note: The Meni is different from your child ma Step 4: Permi Meningococo I authorize Halt Hepatitis B I authorize Halt I auth	received on:  1:	John John John John John John John John	Recombivax®)  Dose 1:	received on:  YY/MM/DD)  YY/MM/DD)  NO for each vacci  for which my child is  for which my child is  cknowledge that I have read inswered. I understand that	ne. eligible. eligible. the attached fact sheet and	YES NO  YES NO  YES NO  O YES NO  Understand the expected benefits			





## SCHOOL VACCINATION CONSENT FORM

## Instructions on how to complete the School Vaccination Consent Form

Step 1: Please complete	Step 1: Please complete Step 1: Your Child's Information							
all boxes with the most	Child's Last Name	Child's First Name		Health Card Number				
l	Doe	Jane		123-456-7891-AB				
current information.	Birthday	School		Grade/Class/Teacher				
, , , , , , , , , , , , , , , , , , ,	2012 03	16 St. Mary		7-2/Mrs. Smith				
	Year Month	Day						
	Parent/Legal Guardian Name	Parent/Legal Guardi 905-123-4567	an Daytime Phone	Parent/Legal Guardian Alternative Phone 289-456-0321				
Step 2: Please check YES	Mary Doe	303-123-4307		289-430-0321				
·								
or NO for each	Step 2: Your Child's Health History	Step 2: Your Child's Health History If selecting <b>YES</b> , please explain:						
question. If selecting	*Note: children with certain med							
YES, please provide an	Has your child ever had a reaction to		○ YES √ NO					
explanation.	Thus your crima ever had a reaction to	a vaccine.						
	Does your child have any allergies?		O YES ▼ NO					
Step 3: If your child	Has your child ever fainted after vacc	ination?	○ YES V NO					
received any of the	Does your child have a serious medic	al condition?*	○ YES V NO					
following	Does your child take any medication	• •	V YES ○ NO	Remicade				
immunizations, please	condition that weakens the immune	system?*						
provide the dates. You	Does your child have a cochlear impl	ant?*	√ YES ○ NO					
can contact your health								
care provider or check	Step 3: Please indicate if your child has received any of the following immunizations, then proceed to step 4.							
your child's	Meningococcal ACYW-135		rinrix®, Engerix®,	Human Papillomavirus (HPV)				
immunization record.	(Menactra®, Nimenrix®, Menveo™ received on:	) Recombivax	) received on:	(Gardasil®) received on:				
		Dose 1: 2	012/03/16	Dose 1:				
NOTE: Nurses will only	Dose 1:	(Y	YYY/MM/DD)	(YYYY/MM/DD)				
administer vaccines that	(YYYY/MM/DD)	Dose 2: 2	012/04/20	Dose 2:				
your child is eligible for	Note: The Meningococcal ACYW-135 vaccine	(M	YYY/MM/DD)	Dose 2:				
and for which consent is	is different from the Meningitis C vaccine	that Door 31 3	012/09/20					
provided.	your child may have received as a bab	· · · · · · · · · · · · · · · · · · ·	YYYY/MM/DD)					
provided.	<u></u>							
	Step 4: Permission for Vaccination	n. Please check (✔) <b>YES</b> o	r <b>NO</b> for each vaco	cine.				
	Meningococcal ACYW-135 (Require	red for school attendance)		V YES ○ NO				
Step 4: For each vaccine,	I authorize Halton Region Public Hea		for which my child i	s eligible.				
	Hamatikia B							
ı· — —   — /	ease only check YES or a lauthorize Halton Region Public Health to administer any doses for which my child is eligible.							
NO.								
Human Papillomavirus (HPV)								
	I authorize Halton Region Public Health to administer any doses for which my child is eligible.							
	The consent is valid for the <u>time period</u> needed to give a complete series of the vaccine(s). I acknowledge that I have read the attached fact sheet and understand the expected bene and possible side effects of the vaccine(s). I have had the opportunity to have my questions answered. I understand that I may withdraw my consent at any time.							
Step 5: Consent must	Step 5: Parent/Legal Guardian Sig	nature						
be validated with a								
	SIGN HERE	Mary Dae		2024/09/12				
parent or legal guardian	Par	Parent/Legal Guardian Signa		Date				
signature.								

## **Additional Notes:**

- If you need to make a **correction** on the consent form, please initial beside the correction made.
- If your child is **absent** on the school clinic day, please follow up by calling 311 to discuss next steps.
- On the school clinic day, public health nurses will review your child's **immunization record** to determine if your child is eligible to receive the vaccines you consented for.

To view or submit your child's immunization record, please go to **halton.ca/immunize**. If their record requires updates, please call 311.