



September 2017

Dear Grade 7 Student and Parents/Guardian:

Parents play an important role in helping their children make decisions about their health. We encourage you to read the attached fact sheets and consent form about the following vaccines for this year's school immunization program:

- Hepatitis B
- Meningococcal Conjugate ACYW (Meningitis)
- Human Papillomavirus (HPV)

**These vaccines are free only through the school immunization program and not at your family doctor.**

### **How can your Grade 7 student participate in the school immunization program?**

Under the Health Care and Consent Act<sup>1</sup>, we require the student's consent to give them a vaccine. By grade 7 most students have the ability to make informed decisions and give informed consent. As health care providers we have a legal and ethical responsibility to ensure this happens.<sup>2</sup> If a nurse determines a student is not able to understand the information, the nurse will contact the student's parent or guardian.

**Please return a completed consent form with both parent and student signatures, even if you are choosing not to receive the immunizations.**

**Students:** Please check YES or NO for each vaccine that is being offered and sign your name, then bring your completed consent form back to school before the school clinic. Return the consent form even if you are choosing **not** to get the vaccine(s). Only those students who return a completed consent form indicating **Yes** will be immunized at the school clinic.

**Parents:** Please sign the consent form showing that you have read the fact sheets and are aware of your student's decision regarding vaccination, and that they will be offered these vaccines at a school based clinic if they have indicated yes on the consent.

**Please note: Meningococcal Conjugate ACYW vaccine is required** for students once they are in Grade 7 under the Immunization School Pupils Act (ISPA). Students are required to either receive the vaccination, or have a medical exemption or an affidavit on file to meet the requirements of the ISPA. Not having one of these three options completed could lead to suspension from school.

For more information, visit [www.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org) or call 705-721-7520 or 1-877-721-7520 to speak with a nurse.

Sincerely,

Colin Q-T Lee, MD, MSc, CCFP (EM), FRCPC  
Associate Medical Officer of Health  
Attach. (3)

---

<sup>1</sup>Health Care Consent Act, 1996

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_96h02\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_96h02_e.htm)

<sup>2</sup>College of Physicians and Surgeons of Ontario Consent to Medical Treatment Policy  
<http://www.cpsso.on.ca/policies/policies/default.aspx?ID=1544>

❑ **Barrie:**  
15 Sperling Drive  
Barrie, ON  
L4M 6K9  
705-721-7520  
FAX: 705-721-1495

❑ **Collingwood:**  
280 Pretty River Pkwy.  
Collingwood, ON  
L9Y 4J5  
705-445-0804  
FAX: 705-445-6498

❑ **Cookstown:**  
2-25 King Street S.  
Cookstown, ON  
L0L 1L0  
705-458-1103  
FAX: 705-458-0105

❑ **Gravenhurst:**  
2-5 Pineridge Gate  
Gravenhurst, ON  
P1P 1Z3  
705-684-9090  
FAX: 705-684-9887

❑ **Huntsville:**  
34 Chaffey St.  
Huntsville, ON  
P1H 1K1  
705-789-8813  
FAX: 705-789-7245

❑ **Midland:**  
B-865 Hugel Ave.  
Midland, ON  
L4R 1X8  
705-526-9324  
FAX: 705-526-1513

❑ **Orillia:**  
120-169 Front St. S.  
Orillia, ON  
L3V 4S8  
705-325-9565  
FAX: 705-325-2091