simcoe muskoka
DISTRICT HEALTH UNIT

Grade 8 School Immunization Consent Form

For Human Papillomavirus Vaccine

Section 1 – Student's Personal Information		
Student's Last Name:	First Name:	
Date of Birth: yyyy / mm / dd	Ontario Health Card Number:	
Parent/Guardian Name:	Phone#: Home: ( ) Bus: ( )	
School:	Teacher:	Grade:

Section 2 – Personal Health Information	
Have you ever had an allergic reaction to a vaccine?	No ❑ Yes ❑ If yes, please explain below
Do you have an allergy to any of the vaccine components? (**See attached Fact Sheet**)	No ❑ Yes ❑ If yes, please explain below
Do you have any serious health/immune system problems?	No ❑ Yes ❑ If yes, please explain below
Do you have a history of seizures, fainting or asthma?	No ❑ Yes ❑ If yes, please explain below
Are you on any medication?	No ❑ Yes ❑ If yes, please explain below
Is there a possibility you might be pregnant?	No ❑ Yes ❑ If yes, please explain below
Have you ever had the HPV vaccine before? (i.e. **Gardasi**l or **Cervarix**)	No ❑ Yes ❑ **If yes, please provide the dates the vaccine was received:** _____
Are you feeling sick/ do you have a fever today? **(will be asked by nurse on the day of the clinic)**	No ❑ Yes ❑ If yes, please explain below
Please explain any "Yes" answers provided above: _____ _____	

Section 3: Parent Awareness	
I have reviewed the fact sheet provided on human papillomavirus (HPV) vaccine and I am aware that my daughter will be offered this vaccine at a school clinic.	
Parent/Guardian Signature:	**Date:**

Section 4: Student Consent	
I, the student, have read the fact sheet provided on human papillomavirus (HPV) vaccine and I understand the benefits, risks and possible reactions after vaccination. I consent to receive the vaccine: (**Please check either Yes or No**)	
HPV Vaccine (3 doses) **Yes ❑ I consent No ❑ I do not consent**	
Student Signature:	**Date:**
Unless cancelled in writing, this consent is valid until the series is completed.	

For Health Unit Use Only – TO BE COMPLETED BY NURSE			
Nursing Interventions (Initial each intervention for each dose to indicate completed)	**Dose # 1**	**Dose # 2**	**Dose # 3**
Student has reviewed the fact sheet			
Reviewed the personal health information in section 2 above with student			
Student given opportunity to ask questions and have them answered			
After care sheet completed, reviewed and provided to the student			

Check to indicate progress notes on back of consent ❑

HPV	Vaccine	Dose	Site	Lot Number	Date Administered	Time Administered	Administered By
Dose #1	Gardasil®	0.5mL IM	L or R Deltoid		yyyy / mm / dd		
Dose #2	Gardasil®	0.5mL IM	L or R Deltoid		yyyy / mm / dd		
Dose #3	Gardasil®	0.5mL IM	L or R Deltoid		yyyy / mm / dd		

This information is collected under the authority of the *Health Protection and Promotion Act R.S.O 1990 c.H.7., s.4* and the *Immunization of School Pupil's Act (ISPA) R.S.O. 1990 c.I.1, s.11.* The personal health information collected on this form will be used to maintain immunization records and to monitor the use of vaccines for public health purposes. Questions regarding the collection and use of personal health information should be directed to the Office of the Privacy Officer, Simcoe Muskoka District Health Unit, 15 Sperling Drive, Barrie ON L4M 6K9, 705-721-7520 or 1-877-721-7520.

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Progress Notes

Contact Date & Time	Narrative Notes