



**Step 1: Student Information (please print)**

Last Name			First Name		Preferred Name	
Birthdate Year	Month	Day	Ontario Health Card Number		School	
Parent/Guardian Name			Relationship to Student		Teacher's Name	
Parent/Guardian Daytime Phone Number			Alternative Phone Number		Grade	

**Step 2: Health History (Check YES or NO)**

**If yes, please explain**

Does the student have any of the following allergies: yeast, aluminum, latex, diphtheria or tetanus toxoid protein?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has the student ever had a serious reaction to a previous vaccine or history of fainting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a weakened immune system or taking a medication that increases the risk of infection (e.g., corticosteroids)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a bleeding disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the student have a medical condition we should know about?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Has the student already received any of the following vaccines:**

<ul style="list-style-type: none"><li><b>Meningococcal C-ACYW-135 Vaccine</b> Note: Men-C-C received at 12 months of age is not Men-C-ACYW-135</li></ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:
<ul style="list-style-type: none"><li><b>Hepatitis B Vaccine</b></li></ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s):
<ul style="list-style-type: none"><li><b>Human Papillomavirus (HPV) Vaccine</b></li></ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date(s):

**Step 3: Consent for Immunization (Check YES OR NO)**

<b>Meningococcal ACYW-135 Vaccine *REQUIRED FOR SCHOOL ATTENDANCE</b>				For Public Health Initials Only	
<input type="checkbox"/> <b>Yes</b>	I authorize Simcoe Muskoka District Health Unit to administer <b>one dose</b> of Meningococcal ACYW-135 vaccine.	<input type="checkbox"/> <b>No</b>	DO NOT administer Meningococcal ACYW-135 vaccine.	1 Dose	
<b>Hepatitis B Vaccine</b>				For Public Health Initials Only	
<input type="checkbox"/> <b>Yes</b>	I authorize Simcoe Muskoka District Health Unit to administer <b>two doses</b> of Hepatitis B vaccine.	<input type="checkbox"/> <b>No</b>	DO NOT administer Hepatitis B vaccine.	Dose 1	Dose 2
<b>Human Papillomavirus (HPV-9) Vaccine</b>				For Public Health Initials Only	
<input type="checkbox"/> <b>Yes</b>	I authorize Simcoe Muskoka District Health Unit to administer <b>two doses</b> of HPV-9 vaccine.	<input type="checkbox"/> <b>No</b>	DONOT administer HPV-9 vaccine.	Dose 1	Dose 2

**Step 4: Signature of Parent / Guardian / Individual**

**This consent is valid for two years. I understand that I can withdraw my consent at any time as well as ask any questions by calling the Simcoe Muskoka District Health Unit at 705-721-7520.**

This information is being collected pursuant to the *Health Protection and Promotion Act*, R.S.O. 1990, c.H.7 and will be retained, used, disclosed and disposed of in accordance with the *Municipal Freedom of Information and Protection of Privacy Act*, R.S.O. 1990, c.M.56, the *Personal Health Information Protection Act*, 2004, S.O.c.3 and all applicable federal and provincial legislation and regulations governing the collection, retention, use, disclosure and disposal of information. This information may be shared with other health care providers.

X \_\_\_\_\_  
Parent/Guardian Signature Date: yyyy/mm/dd

X \_\_\_\_\_  
Student Signature Date: yyyy/mm/dd

To be completed by the student, at school, on the day of the clinic (Round 1):			To be completed by the student, at school, on the day of the clinic (Round 2):		
Student Initial _____ Date _____ yyyy/mm/dd			Student Initial _____ Date _____ yyyy/mm/dd		
<b>PUBLIC HEALTH USE ONLY – Telephone Parental Awareness</b>					
Date called:	Phone number called:	Time:	<b>Meningococcal ACYW-135 Vaccine</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Consent obtained from:		Relationship to student:	<b>Hepatitis B Vaccine</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Nurse Signature			<b>Human Papillomavirus (HPV-9)</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**PLEASE RETURN COMPLETED CONSENT FORM TO THE SCHOOL**

**For more information or detailed fact sheet on each vaccine**

**Hepatitis B Vaccine**

**What is Hepatitis B?**

Hepatitis B (HB) is a virus that affects your liver. It can cause damage, swelling or cancer of the liver. Unfortunately, there is no cure for Hepatitis B.

**How can I get Hepatitis B?**

- Through contact with an infected person's blood and/or body fluids.
- The virus can stay alive on things like razors or toothbrushes for up to one week.
- Many people with Hepatitis B don't know they have the virus and may go on to infect others.

**How can I protect myself from the Hepatitis B virus?**

- Get the vaccine.
- Practice sexual abstinence, which means not participating in any sexual activity with another person (i.e. avoiding **all** types of intimate genital contact).
- If you are considering being sexually active, there are ways to protect yourself against Hepatitis B. Talk to your parents, health care provider or go to [www.smdhu.org](http://www.smdhu.org) for more information.
- Make sure sterile tools are used for tattooing or body piercing.
- Do not share razors, toothbrushes, or other personal care items.

**What is the benefit of getting the Hepatitis B vaccine?**

- If all doses are received, the vaccine protects more than 95% against Hepatitis B. The protection lasts at least 15 years or more for most people.

*This vaccine is only publicly funded until the end of Grade 8.*

**Meningococcal Conjugate ACYW Vaccine**

**What is meningitis?**

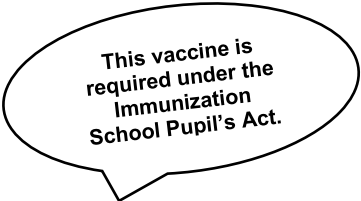
Meningitis is an infection of the fluid around a person's spinal cord and brain. It can be caused by different viruses or bacteria. Neisseria meningitidis is one of these bacteria. Meningococcal vaccine protects against 4 different types of this bacteria.

**How can I get meningitis?**

- Through close, direct contact (kissing, coughing or sharing things like food, drinks and musical instruments).
- People can carry the bacteria in their nose and throat without feeling sick. People become sick when the bacteria gets into their blood and body fluids.
- This can lead to brain damage and sometimes death within just a few hours.

**How can I protect myself from meningococcal bacteria?**

- Get the vaccine.
- Do not share food, drinks, or utensils.



**What is the benefit of getting the Meningococcal vaccine?**

- You have likely already received a meningococcal vaccine (e.g. Menjugate®) for infants that protects against **one** type of the bacteria.
- The grade 7 Meningococcal vaccine protects against **four** types of the bacteria.
- This vaccine protects 80% to 85% of teens against disease caused by these four types.

**Human Papillomavirus Vaccine**

**What is human papillomavirus (HPV)?**

HPV is short for human papillomavirus. HPV can cause different kinds of cancer (mouth and throat, cervical, anal, and genital) and genital warts. **The HPV vaccine is for everyone, regardless of gender.**

**How can I protect myself from HPV?**

- Get the vaccine.
- Practice sexual abstinence, which means not participating in any sexual activity with another person (i.e. avoiding **all** types of intimate genital contact).
- If you are considering being sexually active, there are ways to protect yourself against HPV. Talk to your parents, health care provider or go to [www.smdhu.org](http://www.smdhu.org) for more information.

**What is the benefit of getting the HPV vaccine?**

- Research has shown that the HPV vaccine can prevent most cases of cervical cancer if all doses are given before a person becomes sexually active.
- It is effective in preventing penile (cancer of the penis), anal and throat cancers.
- HPV vaccine also prevents genital warts.

Most Common Reactions After Vaccination	Less Common Reactions After Vaccination	Very Rare Reactions After Vaccination
Redness, pain and/or swelling where the needle was given	Tiredness, headache and/or slight fever	Severe allergic reaction (Trouble breathing, swelling of the face or mouth, hives) * <i>*Clinic Nurses are trained to treat severe allergic reactions.</i>