

CONSENT FOR GRADE 7 IMMUNIZATIONS

Last Name	First Name	Date of Birth		
		Year	Month	Day
Ontario Health Card #	School	Class or Teacher's Name		
Name of Parent / Guardian	Relationship to Student	Home Phone	Work or Cell Phone	

If student has already received the following vaccine(s), please circle the trade name below and provide date(s) the vaccine was given.	Dose 1 (date vaccine given)	Dose 2 (date vaccine given)	Dose 3 (date vaccine given)
<b>Hepatitis B (or Combination Hepatitis A) Vaccine (2, 3 or 4 dose series)</b> <input type="radio"/> Engerix® -B <input type="radio"/> Recombivax-HB® <input type="radio"/> INFANRIX-hexa® <input type="radio"/> Twinrix® JR <input type="radio"/> Twinrix®	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd
<b>Meningococcal – ACYW vaccine (special purchase e.g. for travel)</b> <input type="radio"/> Menactra® <input type="radio"/> Menveo™ <input type="radio"/> Nimerix®	yyyy/mm/dd		
<b>Human Papillomavirus (HPV) Vaccine (2 or 3 dose series)</b> <input type="radio"/> Gardasil® 4 <input type="radio"/> Gardasil® 9 <input type="radio"/> Cervarix®	yyyy/mm/dd	yyyy/mm/dd	yyyy/mm/dd

<b>Tell us about the student's health</b>	<b>Please indicate Yes or No</b>	<b>If "yes", please explain</b>
Is the student allergic to yeast, aluminum, latex, diphtheria or tetanus toxoid protein? Any other allergies?	<input type="radio"/> YES <input type="radio"/> NO	
Has the student ever had a reaction to a vaccine or have a history of fainting?	<input type="radio"/> YES <input type="radio"/> NO	
Is there a chance the student may be pregnant?	<input type="radio"/> YES <input type="radio"/> NO	
Does the student have a serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	
Does the student have a weak immune system, or is the student on a medication that weakens the immune system or increases the risk of infection?	<input type="radio"/> YES <input type="radio"/> NO	

**Consent for vaccination:** I have read (see back of this form) or had explained to me the information about Hepatitis B, Meningococcal and Human Papillomavirus (HPV) vaccines. I understand the benefits, side effects and risks. Please check YES or NO for each vaccine. Unless cancelled in writing, this consent is valid until the series is completed.

**YES** ☒

**I CONSENT FOR THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT TO ADMINISTER THE FOLLOWING VACCINES:**

Indicate below ☒ each vaccine(s) you want the student to receive:

☐ Hepatitis B vaccine (2 doses)    ☐ Meningococcal vaccine (1 dose)    ☐ Human Papillomavirus vaccine (2 doses)

**NO** ☒

**I DO NOT CONSENT FOR THE SIMCOE MUSKOKA DISTRICT HEALTH UNIT TO ADMINISTER THE FOLLOWING VACCINES:**

*\*Please note that the Meningococcal vaccine is required for school attendance under the Immunization of School Pupils Act (ISPA). Please contact Public Health if you do NOT want this vaccine administered.*

Indicate below ☒ any vaccines you do **NOT WANT** the student to receive:

☐ Hepatitis B vaccine    ☐ Meningococcal vaccine *\*required under ISPA*    ☐ Human Papillomavirus vaccine

<b>Parent/Legal Guardian and Student Signatures</b>	
The Health Care Consent Act states that all persons, regardless of age, may consent to medical treatment, provided they understand the benefits and risks of the treatment as well as the benefits and risks of not having the treatment. There is no minimum age in Ontario for informed consent. Students will be assessed by a nurse at the school clinic, based on the principals of the Health Care Consent Act, to ensure that informed consent can be obtained. Parents/Legal guardians are encouraged to talk with their children about the benefits/risks of immunization prior to the clinic. You can find more about the Health Care Consent Act at <a href="http://www.e-laws.gov.on.ca/">http://www.e-laws.gov.on.ca/</a>	
_____ Date yyyy/mm/dd	<b>PUBLIC HEALTH USE ONLY</b>
Parent/Legal Guardian Signature	
_____ Date yyyy/mm/dd	Student Initial R1 _____ Date yyyy/mm/dd
Student Signature	Student Initial R2 _____ Date yyyy/mm/dd

<b>PUBLIC HEALTH USE ONLY – Telephone Parental Awareness</b>					
Obtained from:	FOR:			Phone number called:	Date:
	Hep B	<input type="checkbox"/> YES	<input type="checkbox"/> NO		yyyy/mm/dd
Relationship to student:	HPV	<input type="checkbox"/> YES	<input type="checkbox"/> NO	Nurse Signature:	Time:
	Men ACYW-135	<input type="checkbox"/> YES	<input type="checkbox"/> NO		

For more information please visit our website [www.smdhu.org](http://www.smdhu.org)

**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 abstinence.
  - 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.simcoemuskokahealth.org](http://www.simcoemuskokahealth.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.

**Meningococcal Conjugate ACYW Vaccine - Menactra®**

**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. Menactra® 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 Menactra® 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 Menactra® vaccine protects against **four** types of the bacteria.
  - This vaccine protects 80% to 85% of teens against disease caused by these four types.

This vaccine is required under the Immunization School Pupil’s Act.

**Human Papillomavirus Vaccine - Gardasil®9**

**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.

- How can I protect myself from HPV?**
- Get the vaccine.
  - Practice abstinence.
  - 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.simcoemuskokahealth.org](http://www.simcoemuskokahealth.org) for more information.
  - Continue to have cancer screening as recommended by your health care provider.

- What is the benefit of getting the HPV vaccine (Gardasil-9)?**
- Research has shown that Gardasil-9 can prevent most cases of cervical cancer if all doses are given before a person becomes sexually active.
  - It is also effective in preventing some other cancers, such as penile cancers in males, and anal and throat cancer in females and males.
  - 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>