



Renfrew County and District Health Unit

Meningococcal ACYW-135 Hepatitis B & Human Papillomavirus Vaccines Consent Form

Part 1		Student information	
LAST NAME		FIRST NAME	
DATE OF BIRTH (YYYY/MM/DD)		ONTARIO HEALTH CARD (optional)	
HOME ADDRESS		CITY	
HOME PHONE NUMBER		WORK PHONE NUMBER	
PARENT / LEGAL GUARDIAN LAST & FIRST NAME		RELATION TO STUDENT	
GENDER <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other		SCHOOL	
POSTAL CODE		CLASS	
CELLPHONE NUMBER			

Part 2		Student health history	
Answer the four questions in regards to your child's health history. If you answer "yes" to one of them, briefly describe.		If yes, briefly describe.	
1. Does the student have a serious medical condition?	<input type="radio"/> Yes <input type="radio"/> No		
2. Has the student ever had a reaction(s) to any vaccines?	<input type="radio"/> Yes <input type="radio"/> No		
3. Does the student have a history of fainting or seizures?	<input type="radio"/> Yes <input type="radio"/> No		
4. Does the student have any allergies?	<input type="radio"/> Yes <input type="radio"/> No		

Part 3		Student immunization history	
Your child may not require all the Meningococcal ACYW-135, Hepatitis B and/or Human Papillomavirus vaccines if they have received them in the past. If that is the case, it is important for the Nurse to know in order to assess your child's immunization history. Fill in the spaces below or attach a copy of your child's immunization record to this consent. If your child has not received any of those vaccines in the past, please proceed to Part 4.			
Meningococcal ACYW-135 This vaccine is required to attend school.	<input type="radio"/> Menactra® <input type="radio"/> Nimemrix®	<input type="radio"/> Menveo®	Single dose: YYYY/MM/DD
Hepatitis B	<input type="radio"/> Engerix® <input type="radio"/> Twinrix®	<input type="radio"/> Recombivax® <input type="radio"/> Twinrix Jr®	Dose 1: YYYY/MM/DD Dose 2: YYYY/MM/DD Dose 3: YYYY/MM/DD
Human Papillomavirus	<input type="radio"/> Gardasil® <input type="radio"/> Cervarix®		Dose 1: YYYY/MM/DD Dose 2: YYYY/MM/DD Dose 3: YYYY/MM/DD

Part 4		Consent for immunization	
I have read the attached vaccine fact sheets. I understand the expected benefits and possible side effects of the vaccines as well as the possible risks to my child and others if not vaccinated. I have had the opportunity to have my questions answered by Renfrew County and District Health Unit (RCDHU).			
Please choose YES or NO for each of the following vaccines listed:	YES I authorize RCDHU to immunize my child.	NO I do not authorize RCDHU to immunize my child.	
Meningococcal ACYW-135 This vaccine is required for all students to attend school (Immunization of School Pupils Act).	<input type="radio"/> YES	<input type="radio"/> NO	
Hepatitis B This vaccine requires a two dose series, separated by 4 to 6 months.	<input type="radio"/> YES	<input type="radio"/> NO	
Human Papillomavirus This vaccine requires a two or three dose series, separated by 6 months.	<input type="radio"/> YES	<input type="radio"/> NO	

Parent/legal guardian signature is recommended although there is no minimum age for giving consent to health care in Ontario. **By signing below, I acknowledge and declare that the information provided in this consent form is true and accurate.**

PRINTED NAME	SIGNATURE	DATE (YYYY/MM/DD)
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To contact us or for more information			
	613-735-8653 or 1-800-267-1097		www.rcdhu.com Healthy Living Immunization Gr 7 Immunizations
			7 International Dr Pembroke, ON K8A 6W5

Personal information contained on this form is collected under the authority of one or more of the following (as amended): the Health Protection and Promotion Act, R.S.O. 1990; the Immunization of School Pupils Act, R.S.O. 1990; the Regulated Health Professions Act, 1991, S.O. 1991; and is in compliance with the Municipal Freedom of Information and Protection of Privacy Act, R.S.O. 1990 and the Personal Health Information Protection Act, 2004, S.O. 2004. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Program Manager at the Renfrew County and District Health Unit, 7 International Drive, Pembroke, ON K8A 6W5, 613-735-8651.

