

Meningococcal ACYW-135, Hepatitis B, Human Papillomavirus (HPV) Vaccines Consent Form

PART 1 STUDENT INFORMATION				
LAST NAME	FIRST NAME	GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> OTHER		
BIRTH DATE	AGE	NAME OF SCHOOL		CLASS
HOME ADDRESS		CITY	POSTAL CODE	
DAYTIME PHONE NUMBER	HOME PHONE NUMBER	HEALTH CARD NUMBER		

PART 2 IMMUNIZATION HISTORY		
<p>Your child may have received the Meningococcal ACYW135, Hepatitis B and/or HPV vaccines in the past. If your child has received these vaccinations, 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 yellow card to this consent. If your child has not received any of these vaccines in the past, please proceed to PART 3.</p>		
Meningococcal ACYW-135	<input type="checkbox"/> Menactra® <input type="checkbox"/> Menveo® <input type="checkbox"/> Nimenrix®	Dose Received On: Note: An additional dose is recommended if they received a dose over 5 years ago.
Hepatitis B	<input type="checkbox"/> Engerix® <input type="checkbox"/> Recombivax®	Dose 1: Dose 2: Dose 3:
Combination Hepatitis A+B	<input type="checkbox"/> Twinrix®	Dose 1: Dose 2:
	<input type="checkbox"/> Twinrix® Jr	Dose 1: Dose 2: Dose 3:
Human Papillomavirus	<input type="checkbox"/> Gardasil®4 <input type="checkbox"/> Gardasil®9 <input type="checkbox"/> Cervarix®	Dose 1: Dose 2: Dose 3:

PART 3 CONSENT FOR IMMUNIZATION		
I have read the attached fact sheet. I understand the expected benefits and possible risks and side effects of the vaccines.		
Please choose YES or NO for each of the following vaccines listed:	YES	NO
	I authorize Peel Public Health to immunize the above named student. I understand by providing consent that I am agreeing to all doses recommended to complete the vaccine series. I understand that I can withdraw my consent at any time.	I do not authorize Peel Public Health to immunize the above named student. I understand the possible risks if not vaccinated.
Meningococcal ACYW-135 This vaccine is required for all students in grade 7 attending school.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Hepatitis B	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Human Papillomavirus	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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PART 3 CONSENT FOR IMMUNIZATION

- ✓ Individuals under 14 years of age require Parent/Substitute Decision Maker to sign.
- ✓ Individuals 14 years of age and older may sign their own consent.
- ✓ Individuals 16 years of age and older must sign their own consent, if capable.

By signing below, I acknowledge and declare that the information provided in this consent form is true and accurate.

Relationship to individual being immunized

- Self (14 and older)
 Parent with custody
 Legal Guardian
 CAS Worker
 Other Substitute Decision Maker – Specify: _____

SIGNATURE

PRINTED NAME

DATE

Notice with respect to the Collection of Personal Information:

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 all applicable municipal, federal, and provincial laws and regulations governing the collection, retention, use, disclosure and disposal of personal information including 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. 2004 c.3. This information will be used by Peel Public Health or an Ontario public health unit where your child attends school for the purposes of the administration and evaluation of the Vaccine Preventable Diseases Program. Any questions regarding this collection may be directed to the Medical Officer of Health, Peel Public Health P.O. Box 667, RPO Streetsville, Mississauga, ON L5M 2C2 **905-799-7700**.

Peel Public Health will enter your child's immunization information into a secure provincial immunization database called Panorama. Your child's immunization information may be shared with or accessed by another health care provider if they administer immunizations or are required to maintain a record of immunizations for your child. If you do not want this information shared please provide notification to the address provided. If you have questions about the privacy of your child's immunization information, please contact Peel Public Health at 905-799 7700.

ASSESSMENT QUESTIONS ASKED ON CLINIC DAY

- 1. Are you feeling well today?**
Generally individuals who are feeling unwell but are well enough to attend school can be immunized. Anyone who has a fever or anything more serious than a cold should not get the vaccine until they are well.
- 2. Do you have any allergies?**
Anyone with an allergy to any component of the vaccine will be referred to their doctor for possible immunization.
Meningococcal ACYW-135 vaccine components include: sodium phosphate, sodium chloride and diphtheria toxoid.
Hepatitis B vaccine components include: sodium chloride, aluminum, formaldehyde, thimerosal, 2-phenoxyethanol, sodium borate and yeast.
HPV 4 and 9 vaccine components include: aluminum (as amorphous aluminum hydroxyphosphate sulphate adjuvant), sodium chloride, L-histidine, polysorbate 80, yeast and sodium borate.
- 3. Have you had any problems with vaccines in the past? Have you received any vaccines since your consent was signed?** Anyone with a history of severe reactions following immunization should not be immunized at school. These individuals will be asked to see their family doctor for possible immunization. If you have received meningococcal, hepatitis B or HPV vaccines before, the Nurse will assess if this vaccine is needed.
- 4. Do you have immune system problems due to medication or disease?**
Anyone with a weakened immune system can be immunized with meningococcal, hepatitis B or HPV. Please inform the Nurse who will assess the appropriate number of doses required for full protection.
- 5. Is there any chance that you could be pregnant?**
For meningococcal ACYW-135: The benefits and risks of this vaccine during pregnancy should be assessed and discussed between a pregnant woman and her doctor.
For hepatitis B: The hepatitis B vaccine can be given safely during pregnancy.
For HPV: The HPV vaccine is not recommended during pregnancy.

For more information or to speak to a nurse about these vaccinations, call 905-799-7700, Caledon residents: 905-584-2216

Routine School Immunizations

Peel Public Health is providing routine school immunizations to eligible students in grades 7 and older in school and community clinics. The vaccines offered are **Meningococcal-C-ACYW**, **Hepatitis B (Hep B)**, and **Human Papillomavirus (HPV)**.

These vaccines are all free for students. Some vaccines are publicly funded for a limited time, and the student may only be eligible until a certain age. Students can still be immunized if they do not have an Ontario Health Card. Signed consent forms are valid for the entire vaccination series. Consent can be withdrawn at anytime.



Meningococcal disease is an infection usually caused by five different groups of bacteria that infect the blood or fluid around the brain and spinal cord. It is a rare disease, but symptoms can become life-threatening very quickly. Complications from the disease can lead to brain damage, permanent hearing loss, seizures, amputation of a limb or death.

It spreads by direct contact with saliva or mucus from an infected person, which can happen by kissing, sharing drinks, utensils, or toothbrushes, etc.

The Men-C-ACYW vaccine (Nimenrix®, Menactra®, Menveo™) provides protection against four groups of bacteria that cause infection. The vaccine is safe and 80 to 85% effective.

A single dose vaccine is required for school attendance in Ontario unless the student has a valid exemption. Men-C-ACYW vaccine is recommended for all adolescents, even if they have previously been vaccinated as an infant or toddler.



Hepatitis B is a very contagious virus that attacks the liver and can cause liver disease and liver cancer. There is no cure. Most people get better, but others will stay infected and carry the virus in their body for the rest of their lives.

It spreads by direct contact with the blood or body fluids of an infected person, even if they do not look or feel sick. It can spread through sharing razors, needles, or toothbrushes; unprotected sex; and improperly cleaned tattoo or spa equipment.

The hepatitis B vaccine (Recombivax HB® or Engerix®-B) is safe and is over 95% effective when all doses are given.

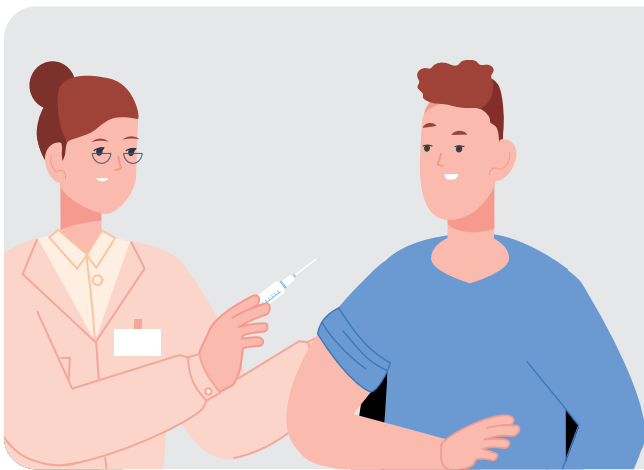
Students, ages 11 to 15 need 2 doses, given 4 to 6 months apart. Students with a weak immune system, or ages 16 and older will need a third dose.

Human Papillomavirus is a very common virus that can cause cancers of the mouth, head and neck, cervix and genitals. Many people do not know they are infected and never develop symptoms, so they can pass it onto others without knowing. There is no cure, and without immunization, it is estimated that 3 out of 4 sexually active Canadians will get HPV in their lifetime.

It spreads by skin-to-skin contact in the genital area or during sex. The best way to prevent HPV infection is to get vaccinated before having sex for the first time.

The HPV-9 vaccine (Gardasil®-9) is safe and over 95% effective when all doses are given. It prevents infection against seven types of the virus which may lead to cancer and two types that cause genital warts.

Students under 15 years of age need 2 doses, given 6 months apart. Students with a weak immune system or 15 years and older will need a third dose.



What can I expect after receiving the vaccine(s)?

- Most people have no problems after getting immunized. Some may have a sore arm or redness, swelling or itchiness at the needle site.
- Occasionally, tiredness, headache, dizziness, fainting, nausea and a slight fever may develop.



When to call your doctor:

- Allergic and severe reactions after vaccinations are very rare and may include trouble breathing, swelling of the face or mouth, hives, seizures, or fever over 40 degrees C.
- Call 911 if you are having a medical emergency.
- Report reactions that may be related to the vaccine to your doctor and Peel Public Health at 905-799-7700, Caledon 905-584-2216.

For more information visit [peelregion.ca/immunize](https://www.peelregion.ca/immunize)
or call Peel Public Health at **905-799-7700**.

