

School Vaccines Consent Form

Student last name	Student first name	Date of birth	Gender M F Other
Home address		City	Postal Code
Phone number (main)	Health card number	School name	

Has the student already received any of these vaccines?

Please complete where applicable. If the student has never received these vaccines, proceed to the next section. If you are not sure, **attach a copy** of the student's immunization record so the nurse can review their vaccine history and determine what they need.

Vaccine	Vaccine brand		Date(s) received
Meningococcal-ACYW-135 Note: Men-C-C vaccine is not the same as Men-C-ACYW-135.	Menactra®	Nimenrix®	Dose 1 date _____
	Menveo™	MenQuadfi®	<i>An extra dose is recommended if received over 5 years ago.</i>
	Unknown		
Hepatitis B (HB)	Engerix®	Recombivax®	Dose 1 date _____
	Unknown/Other: _____		Dose 2 date _____
			Dose 3 date _____
Hepatitis A+B (HAHB)	Twinrix®	Twinrix® Junior	Dose 1 date _____
	Unknown		Dose 2 date _____
			Dose 3 date _____
Human Papillomavirus (HPV)	Cervarix®	Gardasil®9	Dose 1 date _____
	Gardasil®4	Unknown	Dose 2 date _____

Consent for vaccination

By selecting "Yes"

- You have reviewed the vaccine information and understand the benefits, risks, and side effects.
- You authorize Peel Public Health to vaccinate the student for the chosen vaccine(s) and all recommended doses needed to complete the vaccine series (if eligible).
- You understand the consent applies to all Peel Public Health locations (schools and clinics).

By selecting "No"

- You do not authorize vaccination with Peel Public Health and understand the risks of not being vaccinated.

Vaccine	Please choose one for each vaccine	
Meningococcal-ACYW-135 (Men-C-ACYW-135)	Yes	No
Hepatitis B (HB)	Yes	No
Human Papillomavirus (HPV)	Yes	No

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

Signed by:

Parent (Mother) Parent (Father) Legal Guardian Student (14 and older only, if capable)
Other substitute decision maker (specify): _____

Sign here →

X

Signature

Print name

Signed date

Note: A Public Health Nurse may contact you if clarification is needed with the consent.
You may change or withdraw consent at any time.

For more information, visit peelregion.ca/immunize or call Peel Public Health at 905-799-7700.

Notice with respect to the Collection of Personal Information:

Personal health information is collected, used and disclosed under the Health Protection and Promotion Act and in accordance with the Personal Health Information Protection Act for the purpose of providing immunization services. For details about our privacy practices, visit our Personal Health Information Protection Act (PHIPA) webpage at peelregion.ca/privacy/hipa or call us at 905-799-7700 (1-888-919-7800 for Caledon residents).

Instructions to complete and return consent form

Before completing the form, please ensure you have read the accompanying information sheet, then follow these instructions.

- Fill the consent form out fully in **pen**.



- If a mistake is made please put a line through the mistake and put your **initials** beside it. Do not use correction fluid or tape.
- Age and consent requirements:
 - **Less than 14:** A parent or guardian **must** complete and sign the consent for students.
 - **14 and older:** Students **may** sign own consent, if capable of making their own treatment decision.
 - **16 years or older:** Students **must** sign their own consent, if capable.
- **Return** the completed consent form to the school as soon as possible.

Has your child received these vaccines before?

Visit peel.icon.ehealthontario.ca/#!/welcome to view or update your child's vaccine records.



For more information about vaccine preventable diseases

Visit ontario.ca/page/vaccines-children-school



For office use only

	Invalid	Duplicate form	Complete for RSI
Entered	Audited	Follow-up required	Follow-up complete
Men-C-ACYW-135 HB HPV-9 PHN: _____ Date: _____	Men-C-ACYW-135 HB HPV-9 PHN: _____ Date: _____	Men-C-ACYW-135 HB HPV-9 PHN: _____ Actions: T/c [1] [2] [3] [VM] Verbal obtained: Date: _____	Follow-up reason: <div style="background-color: #cccccc; height: 50px; width: 100%;"></div> ROV sent/clarified Other: _____
Notes:			
No further action			