

Routine School Immunizations Consent Form

Once completed, please return to school. See reverse for steps on how to complete form.



Part 1 Student information

Student last name	Student first name	Health card number
Date of birth	Gender Male Female Other	
Home address		
Name of school	Grade	Class or teacher
Parent or legal guardian full name		
Parent or legal guardian phone number	Alternate phone number	

Part 2 Student immunization history

If the student has **not** received these vaccines, please proceed to Part 3. If you are not sure, please **attach** a copy of the student's immunization record for the nurse to assess their immunization history and eligibility.

Meningococcal-C-ACYW-135	Hepatitis B	Human Papillomavirus
Required vaccine for attendance at schools in Ontario.		
Dose 1 date: _____ YYYY-MM-DD	Dose 1 date: _____ YYYY-MM-DD	Dose 1 date: _____ YYYY-MM-DD
Vaccine brand: Menactra® Menveo® Nimenrix®	Dose 2 date: _____ YYYY-MM-DD	Dose 2 date: _____ YYYY-MM-DD
Note: The Meningococcal-C-ACYW-135 vaccine is different than the Men-C-C vaccine that the student may have received at a younger age.	Dose 3 date: _____ YYYY-MM-DD	Vaccine brand: Cervarix® Gardasil®4 Gardasil®9
	Vaccine brand: Engerix® Recombivax® Twinrix® Twinrix® Jr	

Part 3 Consent for vaccination

I have read the attached fact sheet.

I understand the expected benefits and possible risks and side effects of the vaccines.

By selecting **Yes**, 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 understand that consent is valid for all Peel Public Health clinic locations, including the student's school and any community clinics.

By selecting **No**, I do not authorize Peel Public Health to immunize the above-named student. I understand the possible risks if not vaccinated.

Meningococcal-C-ACYW-135	Hepatitis B	Human Papillomavirus
Authorize 1 dose: Yes No	Authorize 2 doses: Yes No	Authorize 2 doses: Yes No

Continues on next page...

Part 4 Signature

A signature is required to confirm consent decision.

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

Sign here →

X

Signed date: _____

YYYY-MM-DD

Signed by:

Parent Legal Guardian Student (14 years+)

Other substitute decision maker (specify): _____

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 the student's immunization information into a secure provincial immunization database called Panorama. The student'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 the student. If you do not want this information shared, please provide notification to the address provided. If you have questions about the privacy of the student's immunization information, please contact Peel Public Health at **905-799-7700**.

CDS-1369-02 25/04

For office use only

Entered	Audited	Invalid	Duplicate	RSI complete
Date:	Date:	Follow-up required		
PHN:	PHN:	Verbal obtained		
Notes:				

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Instructions to complete and return consent form

- 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.

Part 1

Write the **full names** of the student and parent/ legal guardian. Do not use nicknames or shortened versions of names.

Part 2

You can contact your doctor or check the student's immunization record.

On the school clinic day, nurses will review the student's online immunization record (and physical copy, if provided) to determine eligibility. **Nurses will only administer vaccines the student is eligible for and for which consent is provided.**

Part 3

Please check each vaccine to be administered.

Part 4

Consent form must be validated with a signature.

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Part 1 Student information

Student last name <i>Johnson</i>	Student first name <i>Robert</i>	Health card number <i>1234-567-890</i>
Date of birth <i>2012-01-01</i>	Gender <input checked="" type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	
Home address <i>12 New Rd. Unit 34, Mississauga, ON L4W 0X0</i>		
Name of school <i>New Road Middle School</i>	Grade <i>7</i>	Class or teacher <i>7C Ms. Singh</i>
Parent or legal guardian full name <i>Anne Marie Johnson</i>		
Parent or legal guardian phone number <i>905-555-1212</i>	Alternate phone number <i>905-555-3434</i>	

Part 2 Student immunization history

If the student has **not** received these vaccines, please proceed to Part 3. If you are not sure, please **attach** a copy of the student's immunization record for the nurse to assess their immunization history and eligibility.

Meningococcal-C-ACYW-135	Hepatitis B	Human Papillomavirus
Required vaccine for attendance at schools in Ontario.	Dose 1 date: <i>2012-01-01</i> YYYY-MM-DD	Dose 1 date: _____ YYYY-MM-DD
Dose 1 date: _____ YYYY-MM-DD	Dose 2 date: <i>2012-03-16</i> YYYY-MM-DD	Dose 2 date: _____ YYYY-MM-DD
Vaccine brand: <input type="radio"/> Menactra® <input type="radio"/> Menveo® <input type="radio"/> Nimenrix®	<i>A. J. 2012</i> Dose 3 date: <i>2013-05-24</i> YYYY-MM-DD	Vaccine brand: <input type="radio"/> Cervarix® <input type="radio"/> Gardasil®4 <input type="radio"/> Gardasil®9
Note: The Meningococcal-C-ACYW-135 vaccine is different than the Men-C-C vaccine that the student may have received at a younger age.	Vaccine brand: <input checked="" type="radio"/> Engerix® <input type="radio"/> Recombivax® <input type="radio"/> Twinrix® <input type="radio"/> Twinrix® Jr	

Part 3 Consent for vaccination

I have read the attached fact sheet.

I understand the expected benefits and possible risks and side effects of the vaccines.

By selecting **Yes**, 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 understand that consent is valid for all Peel Public Health clinic locations, including the student's school and any community clinics.

By selecting **No**, I do not authorize Peel Public Health to immunize the above-named student. I understand the possible risks if not vaccinated.

Meningococcal-C-ACYW-135	Hepatitis B	Human Papillomavirus
Authorize 1 dose: <input checked="" type="radio"/> Yes <input type="radio"/> No	Authorize 2 doses: <input checked="" type="radio"/> Yes <input type="radio"/> No	Authorize 2 doses: <input checked="" type="radio"/> Yes <input type="radio"/> No

Part 4 Signature

A signature is required to confirm consent decision.

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

Sign here → X <i>A. Johnson</i>	Signed date: <i>2025-01-10</i> YYYY-MM-DD
Signed by: <input checked="" type="radio"/> Parent <input type="radio"/> Legal Guardian <input type="radio"/> Student (14 years+) <input type="radio"/> Other substitute decision maker (specify): _____	

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