

GRADE 7 IMMUNIZATION CONSENT FORM

Vaccine Preventable Disease Program

Fill in ALL shaded areas of this form, sign and return it to the school prior to the clinic date.

Last Name	First Name	Ontario Health Card Number
Date of Birth (Year/Month/Day)	School	Teacher Name
Gender (Circle one) Male Female Other	Parent / Legal Guardian Name	Parent Phone Number (Daytime)

Is the student allergic to: yeast, latex, thimerosal, tromethamine or diphtheria/ tetanus toxoid?	YES	NO	
Has the student ever had a serious reaction to a vaccine?	YES	NO	
Does the student have a history of fainting or seizures?	YES	NO	
Does the student have a bleeding disorder?	YES	NO	
Is the student pregnant?	YES	NO	
Is the student immunocompromised?	YES	NO	

A signature for consent is required by the parent / legal guardian for each type of vaccine below

Consent: I am the parent or legal guardian of the above-named student, I have read the provided fact sheet for the vaccines and understand the expected benefits, possible risks, and side effects. I have had the opportunity to ask questions and seek answers about the vaccine(s). I understand that Meningococcal ACYW-135 is mandatory for school attendance. This consent is valid until all doses are given and consent may be withdrawn at any time by contacting the Health Unit.

Please note: If the student has had previous doses of these vaccine(s), the nurse will determine if more doses are required, according to the Ontario Immunization Schedule and the Canadian Immunization Guide. If you sign on the line giving consent for that specific vaccine, you are consenting for any remaining doses to be given thereby finishing the series for optimal protection.

Meningococcal ACYW-135 Vaccine	Hepatitis B Vaccine	Human Papillomavirus Vaccine
I consent to Men-C-ACYW 135 vaccine:	I consent to Hepatitis B vaccine:	I consent to HPV-9 vaccine:
X _____ Print parent / legal guardian name	X _____ Print parent / legal guardian name	X _____ Print parent / legal guardian name
X _____ Sign parent / legal guardian name	X _____ Sign parent / legal guardian name	X _____ Sign parent / legal guardian name
Date: _____	Date: _____	Date: _____
Previous doses given: (not including Men-C vaccine (Neis-Vac®, Menjugate®))	Previous doses given: (including Twinrix Jr® and Twinrix® Adult – indicate dose)	Previous doses given:
_____ _____ _____ <small>(Include exact date, Doctor's name and phone #)</small>	_____ _____ _____ <small>(Include exact date, Doctor's name and phone #)</small>	_____ _____ _____ <small>(Include exact date, Doctor's name and phone #)</small>
Clinic use only:	Clinic use only Dose #1: Recombivax / Engerix	Clinic use only Dose #1:
Lot #: _____	Lot #: _____	Lot #: _____
Expiry Date: _____	Expiry Date: _____	Expiry Date: _____
Dose date: _____	Dose date: _____	Dose date: _____
Time given: _____	Time given: _____	Time given: _____
R del L del 1.5"	R del L del 1.5"	R del L del 1.5"
Nurse: _____	Nurse: _____	Nurse: _____

Complete after 1 dose: ○

Verbal consent: ○

Given by: _____
Relationship: _____
Given to: _____

Date: _____
Men, HB, HPV-9 (circle)
Nurse: _____

Dose #2: Recombivax / Engerix	Dose #2:
Lot #: _____	Lot #: _____
Expiry Date: _____	Expiry Date: _____
Dose date: _____	Dose date: _____
Time given: _____	Time given: _____
R del L del 1.5"	R del L del 1.5"
Nurse: _____	Nurse: _____

Clinic Use:

Nurse Assessment – Day of Clinic	Visit #1	Visit #2	Notes
Do you have a fever or are you sick today?	Y N	Y N	
Has anything changed with your health recently?	Y N	Y N	
Did you have a serious reaction to a vaccine before? (or last dose if on dose #2)	Y N	Y N	
Is it possible that you may be pregnant? (female students only)	Y N	Y N	
Do you understand what this vaccine(s) is for?	Y N	Y N	
Do you have any questions?	Y N	Y N	
Nurse Initials			

Nursing Notes*:

*Only to be used if Panorama is not available. All notes written here must be transferred to Panorama.
 Check here if nurse wrote a note in Pan:

Reason student did not receive vaccine	Visit #1 Date stamp & initial		Visit #2 Date stamp & initial		Visit #3 Date stamp & initial	
Absent						
Refused						
Deferred						
Letter sent: reason other than above						
Moved (note location if known)						

