

# School Immunization Consent Form

Meningococcal Conjugate ACYW-135, Hepatitis B and  
Human Papillomavirus (HPV9)

Use this form to request consent for  
receiving school-based immunizations.

## Student personal information

(Please print)

1

Last name \_\_\_\_\_ First name \_\_\_\_\_ Date of birth \_\_\_\_\_  
 Legal first name \_\_\_\_\_ Preferred pronoun \_\_\_\_\_ Gender \_\_\_\_\_  
 Address \_\_\_\_\_  
 School \_\_\_\_\_ Teacher's name \_\_\_\_\_

## Student health history

2

If yes, please explain:

Does your child have any allergies? Please review fact sheet. No Yes \_\_\_\_\_  
 Has your child ever had a serious reaction to a vaccine? No Yes \_\_\_\_\_  
 Does your child have a history of fainting, asthma or seizures? No Yes \_\_\_\_\_  
 Does your child have a serious medical condition(s)? No Yes \_\_\_\_\_  
 Does your child take any medications? No Yes \_\_\_\_\_

Health history reviewed: Dose #1:  Dose #2:  (nurse's initials)

## Student immunization history

This information is collected  
under the authority of  
the **Health Protection  
and Promotion Act** and  
the **Immunization of  
School Pupils Act** for the  
purpose of maintaining  
an immunization record  
for this student. For more  
information, contact HPPH  
at 1-888-221-2133 or email  
privacy@hpph.ca.

3

My child has already received the following (check the boxes for vaccine and trade name, enter dates vaccines were given).

Healthcare provider name \_\_\_\_\_ Healthcare provider phone \_\_\_\_\_

### Hepatitis B vaccine

Engerix-B Recombivax-HB

Dates: \_\_\_\_\_  
 (yyyy/mm/dd) (yyyy/mm/dd) (yyyy/mm/dd)

### Hepatitis A & B combination vaccine

Twinrix Jr. Twinrix

Dates: \_\_\_\_\_  
 (yyyy/mm/dd) (yyyy/mm/dd) (yyyy/mm/dd)

### Meningococcal Conjugate ACYW-135 vaccine

Menactra Menveo Nimenrix MenQuadfi

Date: \_\_\_\_\_ (Do NOT include Menjugate/NeisVac-C)  
 (yyyy/mm/dd)

### Human Papillomavirus vaccine

Gardasil Cervarix Gardasil-9

Dates: \_\_\_\_\_  
 (yyyy/mm/dd) (yyyy/mm/dd) (yyyy/mm/dd)

## Consent for immunization

I have read the immunization  
information fact sheets and  
understand the benefits and  
possible risks and side effects  
of the vaccines. I understand  
the possible risks to my child  
if **NOT** vaccinated.

I have had the opportunity to  
have my questions answered  
by Huron Perth Public Health.  
**This consent is valid  
until the vaccine series is  
completed.**

4

### Meningococcal Conjugate ACYW-135 (one dose) - REQUIRED FOR SCHOOL

YES, I authorize Huron Perth Public Health to administer  
one dose of Meningococcal Conjugate ACYW-135 vaccine  
to my child.

**NO, I DO NOT CONSENT**

I understand the possible consequences if my child is not  
vaccinated against meningococcal disease. An education  
session and exemption form is required and must be  
commissioned and filed with public health.

### Hepatitis B Vaccine (two doses)

YES, I authorize Huron Perth Public Health to  
administer two doses of Hepatitis B vaccine to my child.

**NO, I DO NOT CONSENT**

### Human Papillomavirus (HPV-9) Vaccine (two doses)

YES, I authorize Huron Perth Public Health to administer  
two doses of Human Papillomavirus vaccine to my child.

**NO, I DO NOT CONSENT**

## Signature

Required

5

Parent/Guardian Signature (required)

X

Date (yyyy/mm/dd) \_\_\_\_\_

Relationship to student \_\_\_\_\_

Please print name \_\_\_\_\_

Daytime phone # \_\_\_\_\_

Student information

1

Student's name \_\_\_\_\_Teacher's name \_\_\_\_\_

Vaccine information for Health Unit use only

To be completed by nurse

2

Meningococcal Conjugate ACYW-135 Vaccine

☐ Menactra | 0.5mL IM☐ Menveo | 0.5mL IM☐ Nimenrix | 0.5mL IM☐ MenQuadfi | 0.5mL IM

Date	Time	Vaccine Name   Lot #	Deltoid Site		Initials	Data Entered ✓
			L	R		

Hepatitis B Vaccine (two doses)

☐ Engerix-B | 1.0mL IM (E)☐ Recombivax-HB | 1.0mL IM (R)

Dose	Date	Time	Vaccine Name   Lot #	Deltoid Site		Initials	Data Entered ✓
1				L	R		
2				L	R		

Human Papillomavirus (HPV-9) Vaccine (two doses)

☐ Gardasil-9 | 0.5mL IM

Dose	Date	Time	Vaccine Name   Lot #	Deltoid Site		Initials	Data Entered ✓
1				L	R		
2				L	R		

Nurse's notes

3