

## Consent Form for School-Based Vaccines: Meningococcal C-ACYW-135, Hepatitis B, Human Papillomavirus

1. Student Information (please print)					
Last Name		First Name		Preferred Name (if different) and Pronoun	
Birthdate	Year	Month	Day	School	Health Card Number
Parent/Legal Guardian Last Name		Parent/Legal Guardian First Name		Relationship to above named	
Cell/Home phone		Work phone		Teacher	

2. Student Health History (Check YES or NO if the above named has/are:)	If yes, please provide details
<ul style="list-style-type: none"> <li>• allergies to any of the vaccine ingredients (refer to information sheet) <input type="radio"/> YES <input type="radio"/> NO</li> <li>• <b>a serious</b> reaction to a previous vaccine <input type="radio"/> YES <input type="radio"/> NO</li> <li>• a bleeding disorder <input type="radio"/> YES <input type="radio"/> NO</li> <li>• a weakened immune system or taking a medication that increases the risk of infection (e.g., corticosteroids) <input type="radio"/> YES <input type="radio"/> NO</li> <li>• pregnant or breastfeeding <input type="radio"/> YES <input type="radio"/> NO</li> <li>• already received any of these vaccines <input type="radio"/> YES <input type="radio"/> NO</li> </ul>	
<p>(Note: The Meningococcal C-ACYW-135 vaccine is different from the Meningitis C vaccine that your child may have received as a baby. It covers against more types of meningitis)</p>	Meningococcal C-ACYW-135 <b>Date</b>
	Hepatitis B <b>Dates(s)</b>
	Human Papillomavirus <b>Date(s)</b>

### 3. Consent for Vaccination

I have read the school-based vaccine information sheet. I understand the benefits and side effects of the vaccines. I understand the risk if the above-named student does not receive the vaccine.

This consent is valid for **two years**. I understand that I can withdraw my consent at any time as well as ask any questions by calling the Health Unit at 1-866-888-4577, ext. 1507.

I consent to the HKPR District Health Unit giving the following vaccines to the above-named student:	Check YES or NO	For health unit use only: Date given/Initials/Site
<b>Meningococcal C-ACYW-135</b> (required to attend school)	<input type="radio"/> YES <input type="radio"/> NO	
<b>Hepatitis B</b>	<input type="radio"/> YES <input type="radio"/> NO	
<b>Human Papillomavirus</b>	<input type="radio"/> YES <input type="radio"/> NO	
<b>Gr 7 Round 1:</b>	<b>Gr 7 Round 2:</b>	<b>Catch-Up 1:</b>
		<b>Catch-Up 2:</b>
		<b>Complete:</b>

4. Sign and date	
<p>X _____</p> <p>Signature of: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>	<p>Date (YYYY/MM/DD)</p>