

# VACCINE CONSENT

**Student's Last Name:** \_\_\_\_\_ **Student's First Name:** \_\_\_\_\_

Date of Birth (Y/M/D) \_\_\_\_\_ School: \_\_\_\_\_

Does your child have any conditions or take any medications that might affect their neurological or immune system (such as: unstable epilepsy, recent serious concussion, a bleeding disorder, cancer treatment, medications for Crohns disease, severe asthma)?  NO  YES

If yes details: \_\_\_\_\_

**Parent/Guardian's Name:** \_\_\_\_\_ **Tel:** \_\_\_\_\_

## PARENT/GUARDIAN CONSENT

- I have read the information I was given on these vaccines. I understand the benefits, risks and possible reactions of each vaccine.
- The following consent is valid for the time needed to give all doses of the vaccines unless I cancel my consent.
- By signing below, I consent for the following vaccines to be given (check yes for each vaccine).
- I understand the student will not be given more than three vaccines at one time.

### MENINGOCOCCAL ACYW-135 (MENACTRA VACCINE)

YES, Please vaccinate my child with one dose of Menactra vaccine (sign below)

|   |   |                 |
|---|---|-----------------|
| X _____<br>Signature of Parent/Legal Guardian | X _____<br>Print name of Parent/Legal Guardian  | X _____<br>Date |
| Date of doses previously given (YY/MM/DD):    | Name of previous meningococcal ACYW-135 vaccine given:<br>(Please do NOT include MEN-C vaccines-eg. Menjugate/Neis-Vac C) |                 |
|   |   |                 |

### HEPATITIS B VACCINE (RECOMBIVAX HB/ENGERIX B VACCINE)

YES, Please vaccinate my child with two doses of Hepatitis B vaccine (sign below)

|   |   |                 |
|---|---|-----------------|
| X _____<br>Signature of Parent/Legal Guardian | X _____<br>Print name of Parent/Legal Guardian  | X _____<br>Date |
| Date of doses previously given (YY/MM/DD):    | Name of previous vaccine given: eg. Hepatitis B, Engerix B, Recombivax HB, Twinrix Jr |                 |
|   |   |                 |

### HUMAN PAPILLOMA VIRUS – HPV (GARDASIL VACCINE)

YES, Please vaccinate my child with two doses of Gardasil vaccine (sign below)

|   |  |                 |
|---|--|-----------------|
| X _____<br>Signature of Parent/Legal Guardian | X _____<br>Print name of Parent/Legal Guardian | X _____<br>Date |
| Date of doses previously given (YY/MM/DD):    | Name of previous HPV vaccine given:            |                 |
|   |  |                 |

## FOR PUBLIC HEALTH UNIT USE ONLY

### MENINGOCOCCAL

| Vaccine Dose (0.5ml) | Lot Number | Expiry Date | Site IM          | Date Given | Time Given | Nurse Initials | Panorama Entered |
|----------------------|------------|-------------|------------------|------------|------------|----------------|------------------|
| MENACTRA             |            |             | L delt<br>R delt |            |            |                |                  |

### HEPATITIS B

| Vaccine Dose (0.5ml)       | Lot Number | Expiry Date | Site IM          | Date Given | Time Given | Nurse Initials | Panorama Entered |
|----------------------------|------------|-------------|------------------|------------|------------|----------------|------------------|
| RECOMBIVAX HB<br>ENGERIX B |            |             | L delt<br>R delt |            |            |                |                  |
| RECOMBIVAX HB<br>ENGERIX B |            |             | L delt<br>R delt |            |            |                |                  |

### HUMAN PAPILLOMA VIRUS – HPV

| Vaccine Dose (0.5ml) | Lot Number | Expiry Date | Site IM          | Date Given | Time Given | Nurse Initials | Panorama Entered |
|----------------------|------------|-------------|------------------|------------|------------|----------------|------------------|
| GARDASIL             |            |             | L delt<br>R delt |            |            |                |                  |
| GARDASIL             |            |             | L delt<br>R delt |            |            |                |                  |

### NOTES:

# VACCINE INFORMATION FOR SCHOOL CLINICS

## MENINGOCOCCAL A,C,Y,W-135 VACCINE (MENACTRA)

- This vaccine helps to protect against meningococcal disease due to strains (serogroups) A, C, Y and W-135
- The meningococcal bacteria spreads by direct contact with oral secretions such as sharing food, drinks, lipstick, toothbrushes, water bottles, musical instruments and kissing
- The bacteria lives in the back of the nose and throat
- The meningococcal bacteria can cause meningitis (a serious illness that causes swelling in the lining of the brain and spinal cord) or meningococemia (an infection in the blood stream)
- Symptoms of meningococcal disease can be severe and sudden and can include fever, severe headache, stiff neck, nausea, vomiting and sometimes a red pin-point rash with bruising
- This illness can cause death, loss of hearing, neurologic disabilities and limb amputation
- Students are eligible in Grade 7 to receive this one-dose vaccine for free.

**\*\* Receiving a dose of Menactra vaccine is required to attend school in Ontario according to the School Pupil's Act (unless a valid legal exemption has been filed.**

**\*\*\* A meningococcal-C immunization (e.g., Menjugate or Neis-Vac-C) is a different vaccine which your student may have had as a baby. If your student had one or more meningococcal-C vaccines in the past, the Menactra vaccine is still required now.**

## HEPATITIS B VACCINE (RECOMBIVAX HB or ENGERIX B VACCINE)

- This vaccine helps to protect against Hepatitis B, which is a virus that affects the liver
- Many people who have had the virus do not have any symptoms but can still spread it
- The virus spreads from an infected person's blood and body fluids through:
  - » Unprotected sex
  - » Sharing used needles
  - » Sharing personal items (such as razors, nail clippers, toothbrushes etc.)
  - » Contact with blood during procedures or accidents
  - » Body/ear piercing or tattooing with infected equipment
  - » Receiving medical care in a developing country
  - » An infected mother can pass the infection to her baby during birth
- Symptoms can include: weakness, fatigue, headache, vomiting, fever, stomach pain and jaundice (a yellowish colour of the skin and eyes)
- This infection can last a long time and cause liver damage, cirrhosis, liver cancer or death

## HPV (HUMAN PAPILLOMA VIRUS) GARDASIL VACCINE

- HPV is a family of viruses with over 100 types, this vaccine protects against nine of the HPV types
- Almost all cervical cancers are caused by an HPV infection
- These viruses can also cause genital warts, cervical changes and other types of cancer (e.g. vulvar, vaginal, anal, penile and possibly mouth and throat)
- It is spread by skin-to-skin contact, you do not have to have intercourse to spread it
- It can be spread by vaginal, oral or anal sex
- Condoms may not cover all skin areas that have the virus
- A person can spread HPV even when they don't have any signs or symptoms
- Giving the vaccine prior to the onset of any sexual activity will help to prevent against future HPV contact
- Abstinence from sexual activity and close skin-to-skin contact can also decrease the risk of HPV infection
- Pap smears will identify early cervical changes, allowing treatment to be started against possible cervical cancer

## DOSING OF VACCINES

**Meningococcal A, C, Y, W-135 vaccine (Menactra)** – one dose at grade seven age

**Hepatitis B vaccine (Recombivax HB or Engerix B)** – 11-15 year olds receive two doses, 4-6 months apart

**HPV vaccine (Gardasil)** – students starting this vaccine before 14 years old receive two doses, 6 months apart

### Immunization schedule for the school year

|        | Meningococcal<br>ACYW-135 | Hepatitis B | HPV     |
|--------|---------------------------|-------------|---------|
| Fall   | One dose                  | Dose #1     | Dose #1 |
| Spring |                           | Dose #2     | Dose #2 |

Three vaccines could be given on the same day at school clinics depending on which vaccines the parent/guardian choose. Menactra is the only one that is mandatory for school attendance in Ontario (as per the Immunization of School Pupil's Act).

### WHO SHOULD NOT GET THESE VACCINES

- Anyone with a high fever or serious infection the day of the clinic (they can get it once feeling better)
- Anyone who is immunocompromised or has a bleeding disorder should let the nurse know before receiving the vaccine
- Anyone who has had an allergic reaction to a previous vaccine, or is allergic to components of the vaccine
- If a female is pregnant she should consult with her health care provider before receiving any vaccines

### WHAT TO EXPECT AFTER VACCINATION

- The most common reaction is redness, tenderness and swelling where the shot was given. This is usually mild and goes away on its own within a couple of days
- Mild reaction such as tiredness, fever, loss of appetite or headache may last a day or two
- Occasionally, people faint after medical procedures such as receiving a vaccine. Working to decrease anxiety and eating something prior to immunization can help to decrease this. Fainting is not considered a side effect or a reaction to the vaccine
- Allergic reaction such as hives, wheezing or swelling of the face and mouth are rare. If these symptoms occur, seek medical attention immediately
- Call your health care provider if any symptoms last more than a few days