



School Immunization Consent Form

Please return this form to school even if the student will not be receiving vaccination in the school clinic

Step 1: Student information

Legal last name	Legal first name	Chosen name	Health Card number
Date of Birth(y/m/d)	School		Grade/teacher
Parent/legal guardian name	Primary phone number		Relationship to student

Step 2: Student health history

		If yes, please explain
Does your child have any serious allergies?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child had a serious reaction to a vaccine? <i>such as an allergic reaction.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever fainted after being vaccinated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have a serious medical condition? <i>such as a kidney disease or bleeding disorder.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child immunocompromised (due to a medical condition or to medication that weakens the immune system)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Step 3: Has your child had any of the following vaccines from another health care provider? If so, please indicate the dates received:

Vaccine	Date completed
Meningococcal ACYW-135 Vaccine (Nimenrix Menactra, Menveo) <i>Meningococcal ACYW-135 vaccine is different from Men-C-C vaccine received in infancy</i>	Dose 1: _____
Hepatitis B Vaccine (Twinrix, Engerix, Recombivax)	Dose 1: _____ Dose 2: _____ Dose 3: _____
Human Papillomavirus (HPV) Vaccine (Gardasil)	Dose 1: _____ Dose 2: _____

Step 4: Do you consent to your child being vaccinated? Indicate yes or no for each vaccine.

Meningococcal ACYW-135 Vaccine- 1 dose series <small>*Required for school attendance under the Immunization of School Pupils Act, 1991.</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hepatitis B Vaccine- 2 dose series	<input type="checkbox"/> Yes <input type="checkbox"/> No
Human Papilloma Virus (HPV) Vaccine- 2 dose series	<input type="checkbox"/> Yes <input type="checkbox"/> No

By indicating yes and signing this form, I am authorizing Public Health Sudbury & Districts to administer the above selected vaccines, including the first and second doses, if applicable. I acknowledge I have read or have been informed about the attached vaccine information sheet(s). I have had the chance to ask questions and I understand the benefits, risks, and side effects of the vaccine. This consent is valid for the period required to give the vaccine(s) up to 24 months. I understand that I can withdraw my consent at any time by calling Public Health Sudbury & Districts at 705.522.9200, ext. 458.

Step 5: Parent/legal guardian signature

Parent/legal guardian print and sign:	Date:
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Additional information

- On the date of the school clinic, your child will be sent home with documentation indicating which vaccinations they have received.
- If your child is away during a scheduled clinic date, please follow-up with your most appropriate health care provider.
- If your child receives vaccinations elsewhere, please upload their vaccine record to phsd.ca.

Steps:

Step 1: Go to phsd.ca.

Step 2: In search bar type immunization reporting.

Step 3: Click immunization records and reporting hyperlink.

Step 4: Scroll down to "*options to update your vaccination record*" and choose the hyperlink that says Sudbury & Districts, ICON.

Step 5: Click on "*get started*".

Step 6: Fill out the form using your health card number or Ontario Immunization ID (OIID).



*To meet public health requirements, any personal information contained on this form is collected under the authority of one or more of the following (as amended) and related regulations: *Health Protection and Promotion Act, R.S.O. 1990*; *Drug and Pharmacies Regulation Act, R.S.O. 1990*, (formerly The Health Disciplines Act); *Immunization of School Pupils Act, R.S.O. 1990*; *Regulated Health Professions Act, 1991, S.O. 1991*; *Child Care and Early Years Act, 2014, S.O. 2014* and is in compliance with the *Municipal Freedom of Information and Privacy Protection Act, R.S.O. 1990*; and the *Personal Health Information Protection Act, 2004, S.O. 2004*. This information is used to ensure that all appropriate personal care and public health services are provided, and that necessary statistics are kept. Questions about this collection should be directed to the Program Manager at Public Health Sudbury & Districts 705.522.9200, ext. 458.

Ce document est également disponible en français. Visitez phsd.ca/vaccinseleves

