Santé et Services sociaux Québec

DT9246

CONSENT FOR VACCINATION AGAINST HEPATITIS A AND B AND HPV FOR STUDENTS IN GRADE 4

Child's last name					
Child's first name					
Date of birth	Year	Month	Day	Sex	☐ M ☐ F
Health insurance number		Expiry date	Year	Month	
Address (number, street)					
City		Postal code			

- ***Fill out all sections of the form including the box above using a pen***
- ***Sign the form***
- ***Detach the form from the pamphlet and return it quickly to the school, whether or not you consent to vaccination***

Additional Identification

Name of school			Class
Parent 1's name	Parent 2's name	Guardian's name (if applicable)	
Your relationship to the child: ☐ Parent 1 ☐ Parent 2 ☐ Guardian		Phone number where you can be reached	Area code / Number

Child's Medical and Vaccination Record

1. Has your child ever had a serious allergic reaction that required emergency medical care? ☐ Yes ☐ No

   If so, state the cause: ☐ Vaccine ☐ Other, specify: _____

2. Does your child have an immune system problem due to an illness *(e.g., leukemia)* or a medication he / she is taking *(e.g., chemotherapy)*? ☐ Yes ☐ No
   If yes, your child needs to receive an extra dose.

Please provide your child's vaccination record when requested by the nurse whether or not you consent to vaccination. A CLSC nurse will verify and record this information, including the number of doses to be administered.

Parent/Guardian Consent (Decision)

As the parent or guardian of a child under the age of 14, you are in charge of vaccination decisions for this child.

Explanations to help you make an informed decision are provided in the pamphlet attached to this form. If you would like additional information about vaccination programs, please contact your local CLSC or speak with the school nurse.

Please read the following statements and check the box for each to give or decline consent. You must also sign your name at the bottom of the section. By giving your consent, you agree to the full vaccination series, which includes one dose of each vaccine listed below.

1. **Indicate whether or not your child may be vaccinated against hepatitis A and B.**
   [At school, one dose of Twinrix (combined vaccine against hepatitis A and B) and one dose of Recombivax HB (vaccine against hepatitis B) are administered].
   - ☐ **I CONSENT** to have my child vaccinated with these vaccines.
   - ☐ **I DECLINE** to have my child vaccinated with these vaccines.
   - ☐ **DOES NOT APPLY** because my child has already been vaccinated against hepatitis A and B or has already had hepatitis A and B.
2. **Indicate whether or not your child may be vaccinated against HPV (human papillomavirus).**
   [At school, one dose of Gardasil 9 (vaccine that protects against nine types of HPV) and one dose of Cervarix (vaccine that protects against two types of HPV)].
   - ☐ **I CONSENT** to have my child vaccinated with these vaccines.
   - ☐ **I DECLINE** to have my child vaccinated with these vaccines.
   - ☐ **DOES NOT APPLY** because my child has already been vaccinated against HPV.

Parent's or guardian's signature		**Date**	Year / Month / Day

User's name	Record no.

CLSC USE ONLY

Vaccination Information

SI-PMI ID no.

First dose

Contraindication to vaccination (specify)

CLSC name

CLSC address (number, street, city, province) | Postal code

Vaccination site

Vaccine Name	Batch Number	Dose	Injection Site
☐ Twinrix		☐ 0.5 ml IM	☐ Left arm ☐ Right arm
☐ Gardasil 9		☐ 0.5 ml IM	☐ Left arm ☐ Right arm

Date of vaccination — Year / Month / Day

Time of vaccination — Hour / Minutes

Notes

Nurse's signature		License no.	
If a 2nd person has administered the vaccines, nurse or auxiliary nurse's signature		License no.	

Second dose

Contraindication to vaccination (specify)

CLSC name

CLSC address (number, street, city, province) | Postal code

Vaccination site

Vaccine Name	Batch Number	Dose	Injection Site
☐ Recombivax HB		☐ 0.5 ml IM	☐ Left arm ☐ Right arm
☐ Cervarix		☐ 0.5 ml IM	☐ Left arm ☐ Right arm

Date of vaccination — Year / Month / Day

Time of vaccination — Hour / Minutes

Notes

Nurse's signature		License no.	
If a 2nd person has administered the vaccines, nurse or auxiliary nurse's signature		License no.	