



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 <input type="checkbox"/> M <input type="checkbox"/> F
Health insurance number			Year Month		
			Expiry date		
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:	<input type="checkbox"/> Parent 1	<input type="checkbox"/> Parent 2	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, state the cause: <input type="checkbox"/> Vaccine <input type="checkbox"/> 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.			
[For students in grade 4, one dose of Twinrix (combined vaccine against hepatitis A and B) is administered. If your child has already been vaccinated against one of these diseases, the nurse will give the vaccine if required].			
<input type="checkbox"/> I CONSENT to have my child vaccinated with this vaccine.			
<input type="checkbox"/> I DECLINE to have my child vaccinated with this vaccine.			
<input type="checkbox"/> 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).			
[For students in grade 4, one dose of Gardasil 9 (vaccine that protects against nine types of HPV) is administered].			
<input type="checkbox"/> I CONSENT to have my child vaccinated with this vaccine.			
<input type="checkbox"/> I DECLINE to have my child vaccinated with this vaccine.			
<input type="checkbox"/> 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.
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CLSC USE ONLY
Vaccination Information

SI-PMI ID no.

Vaccination site and contraindication to vaccination			
Contraindication to vaccination (specify)			
CLSC name			
CLSC address (number, street, city, province)			Postal code
Vaccination site			
Vaccine Name	Batch Number	Dose	Injection Site
<input type="checkbox"/> Twinrix		<input type="checkbox"/> 0.5 ml IM	<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm
<input type="checkbox"/> Gardasil 9		<input type="checkbox"/> 0.5 ml IM	<input type="checkbox"/> Left arm <input type="checkbox"/> Right arm
Date of vaccination		Time of vaccination	
	Year Month Day		Hour Minutes
Notes			
Nurse's signature		License no.	
If a 2nd person has administered the vaccines, nurse or auxiliary nurse's signature		License no.	