INSTRUCTION SHEET FOR COMPLETING THE

School Immunization Consent Form

1 READ the information booklet you’ve been given about the vaccines and the diseases they prevent.

2 TEAR OFF this Instruction Sheet.

3 COMPLETE all parts of Sections 1 and 2 on the School Immunization Consent Form.
   • In Section 1, be sure to indicate whether your child has an allergy or has had a reaction to a vaccine.
   • If your child has ever received any of these vaccines, be sure to note the dates on which they received them in Section 2. This will help the nurse to determine which vaccines your child needs.

4 SIGN and DATE the bottom of Section 2.

5 RETURN the School Immunization Consent Form to your child’s school.

Public Health may get in touch with you if they need more information.
After your child has received ALL the vaccines you consented to, they will be provided with a record of their immunizations.

SIGN and RETURN the School Immunization Consent Form even if you DO NOT want your child to receive any of the vaccines.

WHEN IN DOUBT, ASK!

If you have any questions about immunization, or if there is anything you don’t understand, contact your local Public Health office. You’ll find contact information in your School Immunization Program booklet or online at www.nshealth.ca/public-health.
School Immunization Consent Form

This consent form covers the Hepatitis B Vaccine; Human Papillomavirus (HPV 9) Vaccine; Meningococcal Quadrivalent Vaccine; and Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine. Nova Scotia Health Authority is committed to protecting the privacy of your personal health information, in accordance with the Personal Health Information Act.

Complete Sections 1 and 2.

Section 1: STUDENT’S PERSONAL INFORMATION
Grade: __________________________
Full Name: _______________________
Parent/Guardian’s Name: __________
Address: _________________________
Postal Code: ________________
Parent’s Daytime Phone: __________ Parent’s E-mail: ________________
Family Doctor’s/Nurse Practitioner’s Name: __________________________
School Name: ____________________ Teacher’s Name and Room Number: __________________
Health Card Number: ______________ Date of Birth: __________________

Section 2: PARENT/GUARDIAN CONSENT

- I have read the information I was given on these four vaccines. I understand the benefits, risks, and possible reactions of each vaccine.
- The consent given below is valid for the time needed to give all doses of the vaccines unless I cancel my consent in writing.
- By signing below, I consent for the following vaccines to be given (check Yes or No for each of the vaccines):

  **Hepatitis B Vaccine (two doses)**
  - YES, I CONSENT
  - NO, I DO NOT CONSENT
  If your child has already received Twinrix vaccine, please give the dates: Dose 1: __________ Dose 2: __________ Dose 3: __________
  If your child has already received Hepatitis B vaccine, please give the name of vaccine: __________
  and the dates: Dose 1: __________ Dose 2: __________ Dose 3: __________

  **Human Papillomavirus (HPV 9) Vaccine (two doses)**
  - YES, I CONSENT
  - NO, I DO NOT CONSENT
  If your child has already received this vaccine, please give the name of vaccine: __________
  and the dates: Dose 1: __________ Dose 2: __________ Dose 3: __________

  **Meningococcal Quadrivalent Vaccine (one dose)**
  - YES, I CONSENT
  - NO, I DO NOT CONSENT
  If your child has received this vaccine recently, please give the name of vaccine: __________, and the date: __________.

  **Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine (one dose)**
  - YES, I CONSENT
  - NO, I DO NOT CONSENT
  If your child has received this vaccine recently, please give the name of vaccine: __________, and the date: __________.

SIGNATURE REQUIRED
Signature: ____________________________ Print Name: ____________________________ Date: __________

[Parent/Guardian] [Parent/Guardian]

Public Health may get in touch with you if any other information is needed.

TO BE COMPLETED BY THE PUBLIC HEALTH NURSE OR LICENSED PRACTICAL NURSE

<table>
<thead>
<tr>
<th>Vaccine Trade Name:</th>
<th>Vaccine Trade Name:</th>
<th>Vaccine Trade Name:</th>
<th>Vaccine Trade Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Route: IM</td>
<td>Lot #</td>
<td>Route: IM</td>
<td>Lot #</td>
</tr>
</tbody>
</table>

Hepatitis B Vaccine

1st Dose: __________
Site: Rt arm [ ] Lt arm [ ]
Date: __________
Signature: __________________

2nd Dose: __________
Site: Rt arm [ ] Lt arm [ ]
Date: __________
Signature: __________________

Human Papillomavirus (HPV 9) Vaccine

1st Dose: __________
Site: Rt arm [ ] Lt arm [ ]
Date: __________
Signature: __________________

2nd Dose: __________
Site: Rt arm [ ] Lt arm [ ]
Date: __________
Signature: __________________

Meningococcal Quadrivalent Vaccine

1st Dose: __________
Site: Rt arm [ ] Lt arm [ ]
Date: __________
Signature: __________________

Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine

1st Dose: __________
Site: Rt arm [ ] Lt arm [ ]
Date: __________
Signature: __________________

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Aussi disponible en français.