

Step 1. Your child's information

Last Name			First Name	Ontario Health Card #	Sex
Birthdate			School		Class or Teacher's Name
Year	Month	Day			
Parent / Legal Guardian Name (please print)			Parent / Legal Guardian Daytime Phone	Parent / Legal Guardian Alternative Phone	

Step 2. Your child's vaccination history

If your child has already received the following vaccine(s), please circle the trade name and provide date the vaccine was given	Date vaccine was given		
	DOSE 1	DOSE 2	DOSE 3
1. Meningococcal-ACYW vaccine (special purchase e.g. for travel) Menactra® Menveo™ Nimenrix®	_____ yyyy/mm/dd		
2. Human papillomavirus (HPV) vaccine (2 or 3 dose series) Gardasil® Gardasil-9® Cervarix®	_____ yyyy/mm/dd	_____ yyyy/mm/dd	_____ yyyy/mm/dd
3. Hepatitis B (or combination) vaccine (2, 3 or 4 dose series) Engerix®-B Recombivax-HB® Twinrix®Jr Twinrix® INFANRIX-hexa®	_____ yyyy/mm/dd	_____ yyyy/mm/dd	_____ yyyy/mm/dd

Step 3. Tell us about your child's health

If "yes", explain

a) Is your child allergic to yeast, alum, latex, diphtheria or tetanus toxoid protein? Any other allergies?	<input type="radio"/> YES <input type="radio"/> NO	
b) Has your child ever had a reaction to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	
c) Does your child have a history of fainting?	<input type="radio"/> YES <input type="radio"/> NO	
d) Does your child have a serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	
e) Does your child have a weak immune system, or on a medication that weakens the immune system or increases the risk of infection?	<input type="radio"/> YES <input type="radio"/> NO	

Step 4. Consent for vaccination

I have read the attached vaccine information. I understand the expected benefits and possible risks and side effects of the vaccines. I understand the possible risks to my child if not vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health. This consent is valid for two years. I understand that I can withdraw my consent at any time. I understand that my child may receive up to three needles in one day.

YES I authorize Toronto Public Health to administer the following vaccines to my child:

Check ☒ all the vaccines you give permission for your child to receive.

Note: Toronto Public Health will review your child's vaccination history (see Step 2) and vaccinate only if your child requires it.

☐ meningococcal vaccine (1 dose) ☐ human papillomavirus vaccine (2 or 3 doses) ☐ hepatitis B vaccine (2 or 3 doses)

NO I do not authorize Toronto Public Health to administer the following vaccines to my child:

Check ☒ for each vaccine you do not want your child to receive:

☐ meningococcal vaccine ☐ human papillomavirus vaccine ☐ hepatitis B vaccine

Step 5. Signature of parent / legal guardian

X

Signature of Parent/Legal Guardian

☐ Parent ☐ Legal Guardian

Relationship to Student

Date

TORONTO PUBLIC HEALTH USE ONLY		
NURSE TO COMPLETE	DOSE 1	DOSE 2
1. Has the parent consented to the meningococcal vaccine?	<input type="radio"/> YES <input type="radio"/> NO	Not Applicable
2. Has the parent consented to the human papillomavirus vaccine?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
3. Has the parent consented to the hepatitis B vaccine?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
4. For HPV or Hep B, there is at least 168 days since the first dose.	Not Applicable	<input type="radio"/> YES <input type="radio"/> NO
5. Ensure the student understands why they are receiving the vaccine(s)	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
6. Has the student received hepatitis B, HPV or meningococcal vaccine from another health care provider?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
7. Has the student ever had a reaction to a vaccine?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
8. Does the student have an allergy to yeast, alum, latex, diphtheria or tetanus toxoid protein?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
9. Does the student have a serious medical condition?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
10. Does the student have a fever today?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO
11. Is the female student pregnant?	<input type="radio"/> YES <input type="radio"/> NO	<input type="radio"/> YES <input type="radio"/> NO

MENINGOCOCCAL-ACYW-135 VACCINE		0.5 mL dose	Intramuscular
One Dose Only: <input type="radio"/> Menactra® <input type="radio"/> Menveo™ <input type="radio"/> Nimenrix®		DATE _____	
Vaccine loaded by <input type="radio"/> Self		TIME _____	
<input type="radio"/> Other: _____		LOT # _____	
SIGNATURE: _____		IM DELTOID Left Right	
Panorama entered by: _____			
HUMAN PAPILLOMAVIRUS VACCINE		Gardasil®9 0.5 mL dose	Intramuscular
Dose 1		Dose 2	
Vaccine loaded by: <input type="radio"/> Self <input type="radio"/> Other: _____		Vaccine loaded by: <input type="radio"/> Self <input type="radio"/> Other: _____	
DATE _____ TIME _____		DATE _____ TIME _____	
LOT # _____ IM DELTOID Left Right		LOT # _____ IM DELTOID Left Right	
SIGNATURE: _____		SIGNATURE: _____	
Panorama entered by: _____		Panorama entered by: _____	
HEPATITIS B VACCINE		0.5mL or 1.0mL dose	Intramuscular
Dose 1 (Circle the dose given)		Dose 2 (Circle the dose given)	
<input type="radio"/> Engerix®-B 1.0mL / 0.5mL		<input type="radio"/> Engerix®-B 1.0mL / 0.5mL	
<input type="radio"/> Recombivax HB® 1.0mL / 0.5mL		<input type="radio"/> Recombivax HB® 1.0mL / 0.5mL	
Vaccine loaded by <input type="radio"/> Self <input type="radio"/> Other: _____		Vaccine loaded by <input type="radio"/> Self <input type="radio"/> Other: _____	
DATE _____ TIME _____		DATE _____ TIME _____	
LOT # _____ IM DELTOID Left Right		LOT # _____ IM DELTOID Left Right	
SIGNATURE: _____		SIGNATURE: _____	
Panorama entered by _____		Panorama entered by _____	

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