



School Immunization Consent Form

STUDENT INFORMATION

Student's Name and Address:	Birth Date:		Grade: (Fall 2019)	
	Current School:			
	School attending in Sept 2019:	For parents to complete		
	Parent/Legal guardian name:			
	Relationship to Student:		Phone:	

STUDENT HEALTH HISTORY

If Yes, please explain:		
1. Does your child have an allergy to aluminum, diphtheria toxoid, latex, L-histidine, polysorbate 80, sodium borate, sodium chloride, thimerosal or yeast?	<input type="radio"/> Yes <input type="radio"/> No	
2. Has your child ever had a serious reaction to a vaccine (example: loss of consciousness, anaphylaxis)?	<input type="radio"/> Yes <input type="radio"/> No	
3. Does your child have a history of fainting or seizures?	<input type="radio"/> Yes <input type="radio"/> No	
4. Does your child have a serious medical condition or medical diagnosis (example: tumors, organ transplantation, undergoing chemotherapy)?	<input type="radio"/> Yes <input type="radio"/> No	
5. Does your child have an illness or take any medication that weakens their immune system?	<input type="radio"/> Yes <input type="radio"/> No	
6. Does your child require accommodations (example: nonverbal, sensitive to lights/loud sounds, extreme fear of needles)?	<input type="radio"/> Yes <input type="radio"/> No	

CONSENT FOR IMMUNIZATION

I have read the related vaccine information sheets, or they have been read to me. In addition, I am aware that personal health information collected on this form may be shared with another doctor or nurse if that is required for care. This consent is valid for two years from the date of signature, unless consent is withdrawn. You may withhold or withdraw consent by providing notice to The Regional Municipality of York. The withdrawal of consent is not retroactive and does not apply to the information that was collected, used or disclosed prior to the date you withdrew.

Hepatitis B	I authorize York Region to immunize my child with the Hepatitis B vaccine (RECOMBIVAX HB® or ENGERIX®: two doses)	<input type="radio"/> Yes <input type="radio"/> No
Human Papillomavirus (HPV)	I authorize York Region to immunize my child with the HPV vaccine (GARDASIL®9: two or three doses, dependent on student's age)	<input type="radio"/> Yes <input type="radio"/> No
Meningococcal ACYW-135 <i>*Required for school attendance</i>	I authorize York Region to immunize my child with the Meningococcal ACYW-135 vaccine (Menactra® or Menveo® one dose)	<input type="radio"/> Yes <input type="radio"/> No

REQUIRED:

Parent/Legal guardian's signature:	Date (month/day/year):	Student's signature:	Date (month/day/year):
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If your child has been previously immunized with any of the vaccines mentioned, please contact York Region Public Health at 1-877-464-9675 ext. 73456 to update your child's immunization records.

The personal health information provided on this consent is being collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c.H.7 for the purpose of case management and case investigations, client follow up and monitoring, contact tracing, public health administration and the provision of statistical data to the Ministry of Health and Long-Term Care. Information will be collected, used and disclosed in accordance with the Personal Health Information Protection Act, 2004, S.O. 2004, c. 3. Any questions regarding this collection may be directed to the Privacy Officer, located at 520 Cane Parkway, Newmarket, Ontario L3Y 8T5, phone number 1-877-464-9675 extension 74056.

Please understand if emailing personal health information that email software and/or services are not guaranteed to be completely secure, and although all precautions possible are taken by York Region Public Health, emailed information could be inappropriately accessed by others.

Completed consents are to be returned to York Region Public Health, not your child's school:

- **Fax (toll free):** 1-866-258-2026
- **Email:** vaccineconsent@york.ca
- **Mail:** York Region Public Health, Immunization Services, 194 Eagle St, Newmarket, ON L3Y 1J6
- **In-person:** Public Health Immunization Services, 194 Eagle Street, Lower level, Newmarket.
Monday - Friday from 8:30 a.m. to 4:30 p.m. *Follow signage for Immunization Services.*

For more information contact York Region Public Health at 1-877-464-9675 ext. 73452