



SCHOOL VACCINE CONSENT FORM

Student Last name: _____	Student First name: _____
Date of birth: _____ <i>yyyy / mm / dd</i> _____	
School: _____	Class: _____

Answer the four questions about your child's health history. If you answer "yes", briefly describe.

1. Does the student have a serious medical condition?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
2. Has the student ever had a reaction(s) to any vaccines?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
3. Does the student have a history of fainting or seizures?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
4. Does the student have any allergies?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: _____
5. Has the student received the COVID-19 vaccine?	<input type="checkbox"/> No	<input type="checkbox"/> Yes: Please specify dates below.

COVID-19 dose 1: _____ *yyyy / mm / dd* _____ COVID-19 dose 2: _____ *yyyy / mm / dd* _____

Please indicate your consent "YES" or "NO" for EACH vaccine. This consent form is valid for up to 24 months unless consent is withdrawn verbally or in writing with Ottawa Public Health.

<p>Meningococcal Conjugate ACYW-135 Vaccine (required for school attendance)</p> <p>I have read the vaccine information sheet. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks associated with this vaccine. I give consent to a nurse employed by Ottawa Public Health to administer the Meningococcal vaccine (one dose).</p> <p><input type="checkbox"/> YES Initial: _____</p> <p><input type="checkbox"/> NO Initial: _____</p>	<p>Hepatitis B Vaccine (HB)</p> <p>I have read the vaccine information sheet. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks associated with this vaccine. I give consent to a nurse employed by Ottawa Public Health to administer the Hepatitis B vaccine (2 doses).</p> <p><input type="checkbox"/> YES Initial: _____</p> <p><input type="checkbox"/> NO Initial: _____</p>	<p>Human Papillomavirus Vaccine (HPV)</p> <p>I have read the vaccine information sheet. I have had the chance to ask questions which were answered to my satisfaction. I understand the benefits and risks associated with this vaccine. I give consent to a nurse employed by Ottawa Public Health to administer the HPV vaccines (2 or 3 doses depending upon my (student's) age).</p> <p><input type="checkbox"/> YES Initial: _____</p> <p><input type="checkbox"/> NO Initial: _____</p>
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Legal Guardian full name (Print): _____	Relationship: _____
Legal Guardian Signature: _____	Date: _____ <i>yyyy / mm / dd</i> _____
Student Signature: _____	Date: _____ <i>yyyy / mm / dd</i> _____

