

2011-2012 Grade 7 Immunization Consent Form

Boys and Girls: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine; Meningococcal Group C Conjugate Vaccine; and Hepatitis B Vaccine
Girls only: Human Papillomavirus (HPV) Vaccine

Complete Sections 1 and 2. Please print FIRMLY with a ballpoint pen—you are making 3 copies!

Section 1: STUDENT'S PERSONAL INFORMATION

Full Name: _____ Parent/Guardian's Name: _____
 Address: _____
 _____ Postal Code:
 Home Phone: _____ Work or Other Phone: _____ Doctor's Name: _____
 School Name: _____ Teacher's Name and Room Number: _____
 HEALTH CARD NUMBER: - - Date of Birth: Sex: M F
Year Month Day
 Has your child ever had a serious reaction to a vaccine?
 No Yes, please explain: _____

Section 2: PARENT/GUARDIAN CONSENT

- I have read the information I was given on these 4 vaccines. I understand the benefits, risks, and possible reactions of each vaccine.
- The following consent 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 4 vaccines for Girls OR the 3 vaccines for Boys).

BOYS & GIRLS: Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine (1 dose)
 YES, I CONSENT NO, I DO NOT CONSENT If your child has received this vaccine recently, please give the date: _____

BOYS & GIRLS: Meningococcal Group C Conjugate Vaccine (1 dose)
 YES, I CONSENT NO, I DO NOT CONSENT If your child has already received this vaccine, please give the date: _____

BOYS & GIRLS: Hepatitis B Vaccine (2 doses)
 YES, I CONSENT NO, I DO NOT CONSENT
 If your child has received this vaccine or Twinrix, please give the dates: Dose 1: _____ Dose 2: _____ Dose 3: _____

GIRLS ONLY: Human Papillomavirus (HPV) Vaccine (3 doses)
 YES, I CONSENT NO, I DO NOT CONSENT
 If your child has already received this vaccine, please give the dates: Dose 1: _____ Dose 2: _____ Dose 3: _____

SIGNATURE REQUIRED

Signature: _____ Date: _____
(Parent/Guardian)

TO BE COMPLETED BY THE PUBLIC HEALTH NURSE

Tetanus, Diphtheria, and Acellular Pertussis (Tdap) Vaccine Vaccine Trade Name: _____
 1 Dose: _____ Site: Rt arm Lt arm Route: IM Lot # _____
 Time: _____ Date: _____ Signature: _____

Meningococcal Group C Conjugate Vaccine Vaccine Trade Name: _____
 1 Dose: _____ Site: Rt arm Lt arm Route: IM Lot # _____
 Time: _____ Date: _____ Signature: _____

Hepatitis B Vaccine Vaccine Trade Name: _____
 1st Dose: _____ Site: Rt arm Lt arm Route: IM Lot # _____
 Time: _____ Date: _____ Signature: _____
 2nd Dose: _____ Site: Rt arm Lt arm Route: IM Lot # _____
 Time: _____ Date: _____ Signature: _____

Human Papillomavirus (HPV) Vaccine Vaccine Trade Name: _____
 1st Dose: _____ Site: Rt arm Lt arm Route: IM Lot # _____
 Time: _____ Date: _____ Signature: _____
 2nd Dose: _____ Site: Rt arm Lt arm Route: IM Lot # _____
 Time: _____ Date: _____ Signature: _____
 3rd Dose: _____ Site: Rt arm Lt arm Route: IM Lot # _____
 Time: _____ Date: _____ Signature: _____

Copy Distribution: WHITE – PHS; YELLOW – Family Doctor; PINK – Parent/Guardian or Student

