

Grade 7 Immunization School Clinic Program Consent Form

Instructions for parent or guardian to complete this form

1. Read the enclosed vaccine information sheets regarding Meningococcal, Hepatitis B, and HPV immunizations.
2. Complete each section (A, B and C) of the form to provide consent for immunization.
3. Return the signed consent form to your child's teacher by **September 15, 2017**.

Student information

Last name:	First name:	Date of birth(Y/M/D):
School:	Teacher:	Grade:
Parent or guardian name:	Home phone:	Work or cell phone:

Student health history	Yes	No	If yes, please explain
Does your child have any allergies?			
Does your child take any medication (s)?			
Does your child have a medical condition?			
Has your child ever reacted to an immunization?			
Does your child have a history of fainting or seizures?			

Note: If your child requires any special consideration, please call KFL&A Public Health at 613-549-1232 or 1-800-267-7875, ext. 1451.

Please sign for EACH vaccine that you are providing consent for your child to receive.

*Required

A. Meningococcal vaccine

I have read or had explained to me the vaccine information included about the meningococcal immunization. My questions have been answered to my satisfaction. I give consent for KFL&A Public Health to immunize my child with one (1) dose of meningococcal vaccine.

Parent signature:

Date:

Student signature:

Date:

By signing, I am indicating to KFL&A Public Health that I am a parent, guardian, or student with legal authority to consent to this immunization on behalf of the child or myself. Unless cancelled, this request is valid for the time period needed to give the one (1) dose of the immunization.

No, please do not immunize my child with the meningococcal vaccine.

B. Hepatitis B vaccine

I have read or had explained to me the vaccine information included about the hepatitis B immunization. My questions have been answered to my satisfaction. I give consent for KFL&A Public Health to immunize my child with two (2) doses of hepatitis B vaccine.

Parent signature:

Date:

Student signature:

Date:

By signing, I am indicating to KFL&A Public Health that I am a parent, guardian, or student with legal authority to consent to this immunization on behalf of the child or myself. Unless cancelled, this request is valid for the time period needed to give the two (2) doses of the immunization.

No, please do not immunize my child with the hepatitis B vaccine.

C. HPV vaccine

I have read or had explained to me the vaccine information included about the HPV immunization. My questions have been answered to my satisfaction. I give consent for KFL&A Public Health to immunize my child with two (2) doses of HPV vaccine.

Parent signature:

Date:

Student signature:

Date:

By signing, I am indicating to KFL&A Public Health that I am a parent, guardian, or student with legal authority to consent to this immunization on behalf of the child or myself. Unless cancelled, this request is valid for the time period needed to give the two (2) doses of the immunization.

No, please do not immunize my child with the HPV vaccine.

***Required** Proof of Meningococcal-C-ACYW-135 immunization or a valid exemption is required for all Grade 7 to 12 students who attend school in Ontario. Please note: This immunization is not routinely available from your health care provider.

This section to be completed by KFL&A Public Health Immunization Nurse

Verbal consent:	<input type="checkbox"/> Meningococcal vaccine	<input type="checkbox"/> Hepatitis B vaccine	<input type="checkbox"/> HPV vaccine
Received from:	Date:	Signature and designation:	

Vaccine: Meningococcal-C-ACYW-135 0.5ml intramuscular

Date:	Time:
Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Vaccine name and lot #:
Nurse signature:	Panorama entered by:

Vaccine: Hepatitis B 1.0ml intramuscular

Dose 1:	Dose 2:
Date:	Date:
Time:	Time:
Vaccine name and lot #:	Vaccine name and lot #:
Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right
Nurse signature:	Nurse signature:
Panorama entered by:	Panorama entered by:

Vaccine: HPV 0.5 ml intramuscular

Dose 1:	Dose 2:
Date:	Date:
Time:	Time:
Vaccine name and lot #:	Vaccine name and lot #:
Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right
Nurse signature:	Nurse signature:
Panorama entered by:	Panorama entered by:

Nursing notes:

Personal health information on this form is used for the purpose of providing vaccine, maintaining immunization records, and surveillance and evaluation purposes. Collection of the information on this form is authorized under the Health Protection and Promotion Act and is in accordance with the rules set out under the Personal Health Information Protection Act. You are not required to provide your information and you may withdraw your consent at a later time. Any questions about the collection of this information should be directed to Ed Gardner, Director Infectious Disease Prevention Program, KFL&A Public Health, 221 Portsmouth Avenue, Kingston, Ontario, 613-549-1232 or 1-800-267-7875.

September 2017

Dear Parent or Guardian,

The Ministry of Health and Long-Term Care offers free hepatitis B, meningococcal (Men-C-ACYW-135) and human papillomavirus (HPV) immunizations to all **Grade 7** students in Ontario. Please see the vaccine information sheets and consent form for more information.

Nurses from KFL&A Public Health will visit your child's school two (2) times this year (Fall and Spring) to provide these immunizations. **These immunizations are not routinely available from your regular health care provider.**

KFL&A Public Health strongly recommends that all eligible students receive these immunizations.

Please note: Proof of Men-C-ACYW-135 immunization or a valid exemption is a requirement for students in Grades 7 to 12 to attend school under the *Immunization of School Pupils Act*.

To complete the immunization consent form for the hepatitis B, Men-C-ACYW-135 and HPV vaccine:

1. Read the vaccine information sheets and consent form.
2. Talk about the immunization with your child.
3. Fill out the *Student Information* and *Student Health History* sections of the consent form.
4. If you consent to the immunization; sign and date the consent form.

Please return the consent form to your child's teacher by **Friday, September 15, 2017**.

Immunization Schedules for the School-Based Immunization Program

Hepatitis B: 2 immunizations given 4-6 months apart.

HPV (student with a healthy immune system): 2 immunizations given 6 months apart.

HPV (student with a weakened immune system): 3 immunizations given at 0, 2 and 6 months.

Men-C-ACYW-135: 1 immunization.

KFL&A Public Health's first visit to your child's school will be on **November 6, 2017**. If you have any questions about this program, please contact the Immunization Team at 613-549-1232 or 1-800-267-7875.

Sincerely,

Immunization Team
KFL&A Public Health



Meningococcal Disease Immunization Program for Grade 7 Students

Proof of Meningococcal-C-ACYW-135 immunization or a valid exemption is required for all Grade 7 to 12 students who attend school in Ontario.

**Required
Immunization
for School**

What is meningococcal disease?

Meningococcal disease is caused by bacteria called *Neisseria meningitidis*. It can cause swelling around the brain and spinal cord, blood poisoning, or both. About 10% of people carry the bacteria at the back of their throat or nose without feeling sick.¹ Meningococcal disease is most common in children under five, adolescents and young adults.

What are the symptoms of meningococcal disease?

Symptoms of meningococcal disease can come on quickly and may include:

- sudden onset of high fever,
- severe headache,
- vomiting,
- stiff neck,
- light sensitivity,
- sleepiness and confusion or
- a red or purple rash.

About 1 in 10 cases are fatal and 10% to 20% of survivors suffer some form of permanent disability, such as hearing loss, neurological damage or limb loss.²

How does this disease spread?

Meningococcal disease spreads by contact with saliva and nasal mucus through:

- kissing,
- sneezing and coughing,
- sharing food and drinks, and
- sharing musical instruments, lip-gloss, mouth guards,

cigarettes or any other item that has been in the mouth of a person with the disease.

How can I prevent meningococcal disease?

To prevent the spread of this disease:

- get immunized,
- do not share objects that have touched someone else's mouth or nose, and
- wash your hands often and well.

The meningococcal vaccine Menactra® is routinely given for free in Grade 7 through school based immunization clinics.

The Menactra® immunization protects against four types of meningococcal bacteria (A,C,Y and W-135). It is 80% to 85% effective in preventing meningococcal disease caused by these types of bacteria. The protection that it provides decreases over time and a booster immunization is recommended after five years for some people with a higher risk of meningococcal disease.

Please note: This immunization is similar but different to the meningococcal immunization (Menjugate®) given at 1 year of age.

How is the Meningococcal-C-ACYW-135 immunization given?

It is given as one injection into the muscle of the upper arm.

Continued →

kflaph.ca/Immunization



KFL&A
Public Health

Risk of Meningococcal Disease

VS

Risk of Immunization

About 200 cases
each year in Canada¹.

Swelling around the brain
causing permanent brain damage³.

Blood infection
causing shock and organ failure³.

Other infections
of the lungs, joints, bones, heart and skin³.

Death
1 in 10 severe cases³.

Sore Arm
Up to 6 in 10 people².

Headache/Tired
Up to 6 in 10 people².

Serious Adverse Event
Rare²

Who should not get this immunization?

People who:

- have a fever or illness more than a minor cold,
- have an allergy to an ingredient in the vaccine (i.e. diphtheria toxoid),
- have a history of a neurological condition called Guillain-Barre Syndrome, or
- have a history of immunization with another Neisseria meningitidis polysaccharide vaccine within the last six months or meningococcal conjugate c vaccine in the last month.

Talk to your health care provider if you:

- have a weak immune system because of a medication, illness or treatment; wait until the condition or treatment is over, or
- are pregnant.

What are the side effects of this immunization?

Side effects may include:

- sore arm,
- mild fever,
- headache, or
- redness or swelling at the injection site.

Fainting can occur after any immunization. More serious side effects or allergic reaction (i.e., hives, trouble breathing) are rare, but can happen after any immunization. See a health care provider right away if a serious reaction occurs after this immunization.

Where to go for more information:

- KFL&A Public Health
www.kflaph.ca
- Health Canada
www.hc-sc.gc.ca
- Public Health Agency of Canada
www.publichealth.gc.ca

If your child misses a school immunization clinic contact KFL&A Public Health at 613-549-1232.

How can I prepare my child?



Talk to your child about the immunization.



Complete and return the consent form.



Review helpful ways to deal with fear or anxiety (e.g., count to ten, look away from needle, focus on breathing, distraction with music or reading).



Make sure your child eats on clinic day.



Make sure your child wears a short sleeve shirt on clinic day.

References:

1. Public Health Agency of Canada. Invasive Meningococcal Disease. <http://www.phac-aspc.gc.ca/im/vpd-mev/meningococcal/professionals-professionnels-eng.php>
2. National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 4 Active Vaccines: Meningococcal Vaccine. Ottawa: Public Health Agency of Canada; 2012.
3. Gold, R. Meningococcal Disease (pp. 135-153). In: Your Child's Best Shot (3rd ed.). Canadian Paediatric Society; 2006.

Hepatitis B Immunization Program for Grade 7 Students

What is hepatitis B?

Hepatitis B is an infection of the liver that is caused by the hepatitis B virus. It can cause serious short term (acute) illness and can lead to long term (chronic) infection, causing liver damage or liver cancer.

What are the symptoms of a hepatitis B infection?

Symptoms of an acute infection may include:

- fever,
- fatigue,
- loss of appetite, or
- yellow skin and eyes (jaundice).

People with a chronic infection may not have any symptoms but can pass the disease on to other people. Many people with hepatitis B do not know that they are infected.

How is hepatitis B spread?

Hepatitis B is spread through contact with infected blood and bodily fluids. This can happen through:

- sharing personal items, such as toothbrushes, razors, nail files, and nail clippers,
- sexual contact with an infected person,
- contact with non-sterile tools used in tattooing, body piercing, and acupuncture,
- contact with dirty needles used for injecting drugs, or
- an infected pregnant woman passing the virus to her baby at birth.

Hepatitis B is not spread through water, food, or by casual contact with others in places such as home, school, or work.

How can a hepatitis B infection be prevented?

To prevent infection:

- get immunized,
- avoid contact with the blood and body fluid of others,
- if you choose to have sex, use protection (i.e., latex or female condoms), and
- don't share personal items such as razors or toothbrushes.

A complete immunization series is 95% to 100% effective in preventing future hepatitis B infection.²

How is the hepatitis B immunization given?

The hepatitis B vaccine can be given to people of all ages. Those ages 11 to 15 are given two separate injections, 4 to 6 months apart, depending on the vaccine, in the muscle of the upper arm. All other age groups get three immunizations.

Continued →



Risk of Hepatitis B

VS

Risk of Immunization

Cancer

#1 cause of liver cancer in the world¹.

Hepatitis B Infection

About 150 reported in Ontario every year¹.

Chronic Hepatitis B

In about 10% of cases².

Death

Up to 1 in 50 acute Hepatitis B cases².
Up to 1 in 4 chronic Hepatitis B cases³.

Fever, Headache, Irritability

In 10% or more of people².

Sore Arm and Redness

In 10% or more of people².

Serious Adverse Event

Rare²

Who should not get this immunization?

People who:

- have a fever, or illness more than a minor cold,
- have an allergy to an ingredient in the vaccine (i.e. yeast, latex), or
- are pregnant (speak with your doctor).

What are the side effects of this immunization?

Side effects may include:

- sore arm,
- mild fever,
- headache, or
- redness and/or swelling at the injection site.

Fainting can occur after any immunization. More serious side effects or allergic reaction (i.e., hives, trouble breathing) are rare but can happen after any immunization. See a health care provider right away if a serious reaction occurs after this immunization.

If your child misses an immunization clinic please contact KFL&A Public Health at 613-549-1232.

Where to go for more information:

- KFL&A Public Health
www.kflaph.ca
- Health Canada
www.hc-sc.gc.ca
- Public Health Agency of Canada
www.publichealth.gc.ca

How can I prepare my child?



Talk to your child about the immunization.



Complete and return the consent form.



Review helpful ways to deal with fear or anxiety (e.g., count to ten, look away from needle, focus on breathing, distraction with music or reading).



Make sure your child eats on clinic day.



Make sure your child wears a short sleeve shirt on clinic day.

References:

1. Ontario Ministry of Health and Long Term Care. Immunization: Hepatitis B Vaccine. (2002) <http://www.health.gov.on.ca/en/public/publications/immune/hepb.aspx>
2. National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition), Part 4 Active Vaccines: Hepatitis B Vaccine. Ottawa: Public Health Agency of Canada; 2012.
3. Centers for Disease Control and Prevention. Epidemiology and Prevention of Vaccine-Preventable Diseases. The Pink Book: Course Textbook - 13th Edition (2015), Chapter 10: Hepatitis B, p. 152. <http://www.cdc.gov/vaccines/pubs/pinkbook/index.html>

Human Papillomavirus Vaccine Program for Grade 7 Students

What is the Human Papillomavirus (HPV)?

HPV is a common virus that is found in both males and females. There are over one hundred different types of HPV! About three in four adults will have at least one HPV infection during their lifetime.¹

What are the symptoms of HPV?

Most people with HPV do not have symptoms and spread the virus to others without knowing. Some types of HPV can cause:

- cervical cancer,
- penile cancer,
- anogenital cancers,
- head and neck cancers, and/or
- genital warts.

How does HPV spread?

The HPV virus is spread through sexual contact; most commonly direct skin-to-skin contact with someone who has an HPV infection. You do not have to have sexual intercourse to get HPV.

How can HPV be prevented?

Getting the HPV immunization is the most effective way to prevent HPV infection.

The Gardasil[®]9 immunization can prevent infection against nine types of high risk HPV – types 6, 11, 16, 18, 31, 33, 45, 52, and 58.

In Canada, immunization against HPV types 16 and 18 contained in Gardasil[®]9 vaccine can prevent approximately 70% of cervical cancers and 60% of high-risk precancerous cervical lesions. Immunization against HPV types 31, 33, 45, 52, and 58 could further

prevent up to 17% of cervical cancers and 30% of high-risk precancerous cervical lesions, and prevent approximately 90% of genital warts.¹

This immunization is given at a young age to provide protection before exposure to HPV through any sexual activity.

How is the HPV immunization given?

The immunization is given as an injection into the muscle of the upper arm (deltoid). Two or three doses of vaccine are needed to be protected against HPV. The series used depends on your child's age and health status.

Are there side effects from the immunization?

Common side effects may include:

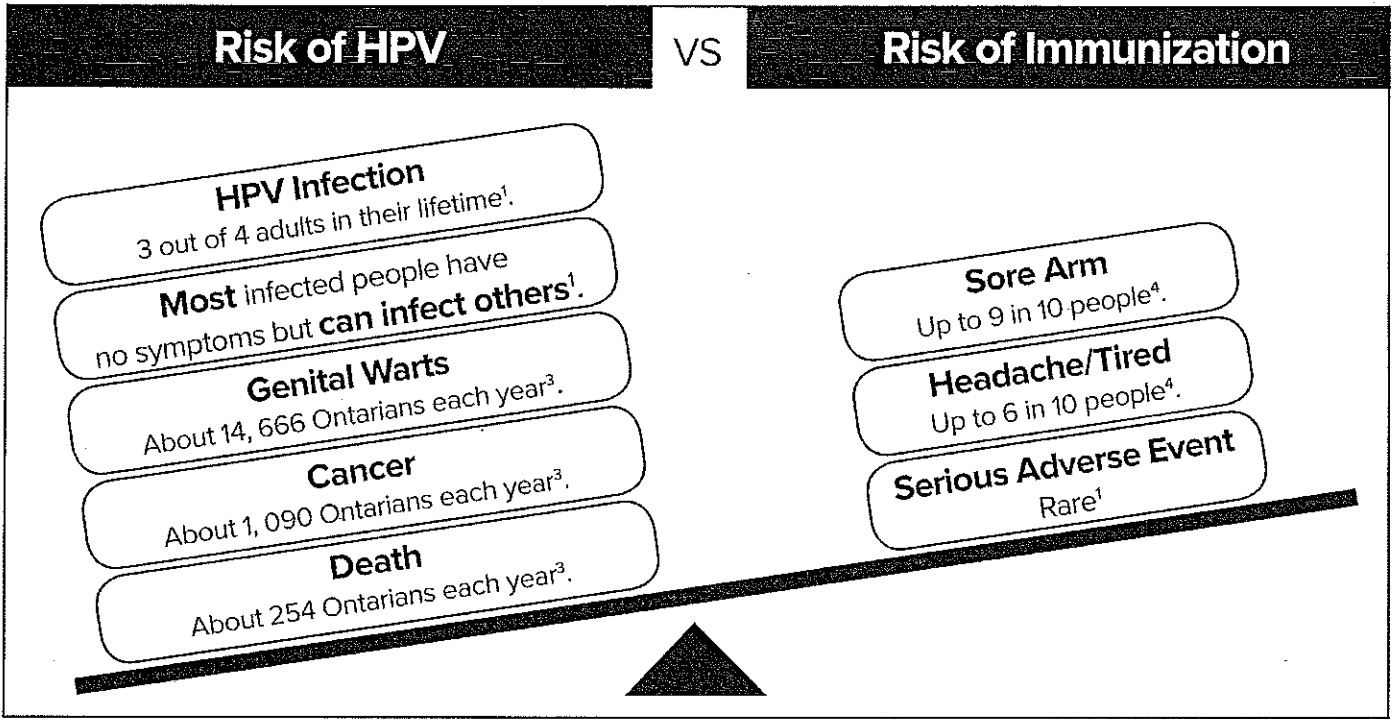
- redness,
- tenderness, and
- swelling at the injection site.

Less common side effects may include:

- fever,
- nausea,
- dizziness, and
- headache.

Fainting can occur after any immunization. More serious side effects or allergic reactions (i.e., hives or trouble breathing) are rare but can happen after any immunization. See a health care provider right away if a serious reaction occurs after this immunization.

Continued →



Who should not get the HPV immunization?

A person should not get the HPV immunization if they:

- have already received 2 doses of the HPV immunization at least six months apart,
- have had a serious reaction to a previous dose of the HPV immunization,
- have an allergy to an immunization component (i.e., yeast),
- are pregnant, or
- have a fever or illness more than a minor cold.

Where to go for more information:

- KFL&A Public Health
www.kflaph.ca
- Health Canada
www.hc-sc.gc.ca
- Public Health Agency of Canada
www.publichealth.gc.ca

If your child misses an immunization clinic contact KFL&A Public Health at 613-549-1232.

How can I prepare my child?



Talk to your child about the immunization.



Complete and return the consent form.



Review helpful ways to deal with fear or anxiety (e.g., count to ten, look away from needle, focus on breathing, distraction with music or reading).



Make sure your child eats on clinic day.



Make sure your child wears a short sleeve shirt on clinic day.

References:

1. National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition), Part 4 Active Vaccines: Human Papillomavirus Vaccine. Ottawa: Public Health Agency of Canada; 2017.
2. Pomfret T et al. Quadrivalent human papillomavirus (HPV) vaccine: a review of safety, efficacy, and pharmacoeconomics. *Journal of Clinical Pharmacy and Therapeutics*. 36, 1-9; 2011.
3. Kwong JC et al. Ontario Burden of Infectious Disease Study (ONBOIDS): An OAHPP/ICES Report. Toronto: Ontario Agency for Health Protection and Promotion, Institute for Clinical Evaluative Sciences; 2010.
4. Lu B et al. Efficacy and Safety of Prophylactic Vaccines against Cervical HPV Infection and Diseases among Women: A Systematic Review & Meta-Analysis. *BMC Infectious Diseases* 11:13; 2011.