



Meningococcal A, C, Y, W-135 Vaccine (Menactra®) Consent Form

INSTRUCTIONS FOR PARENTS

1. Read the attached information about the meningococcal A, C, Y, W-135 vaccine (Menactra®).
2. Remove the consent form. Complete the front of this page.
3. Return the completed form to your child's teacher by September 14, 2015.
Please do not sign form if you do not want your child to receive this vaccine.

**LEGALLY
REQUIRED
VACCINE**
as per the
*Immunization of
School Pupils Act.*

Student information

LAST NAME			FIRST NAME		
/	/	M / F			
BIRTHDAY	DAY / MONTH / YEAR	MALE / FEMALE	SCHOOL	ROOM / GRADE	
PARENT / GUARDIAN NAME			HOME PHONE	WORK OR CELL PHONE	

Student health history

			If yes please explain
Does your child have any allergies?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Has your child ever reacted to a vaccine?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Does your child have a history of fainting or seizures?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Does your child have a serious medical condition?	<input type="radio"/> Yes	<input type="radio"/> No	_____

Consent for immunization

I have read or had explained to me the information about the vaccine. I have had the chance to ask questions, which were answered to my satisfaction. I give consent to having the meningococcal A, C, Y, W-135 vaccine (Menactra®) administered to me, or to the dependent person named above. This consent applies to all immunization settings operated by the Halton Region Health Department and is valid for the time period needed to give one dose of meningococcal A, C, Y, W-135 vaccine (Menactra®), unless consent is withdrawn.

Yes, please vaccinate my child with 1 dose of the meningococcal A, C, Y, W-135 vaccine (Menactra®)

PARENT / GUARDIAN SIGNATURE	DATE
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No, please do not vaccinate my child with the meningococcal A, C, Y, W-135 vaccine (Menactra®). Since this vaccine is legally required for school attendance, I will submit the required, notarized form in order to avoid school suspension.

No, do not vaccinate. My child already received the meningococcal A, C, Y, W-135 vaccine (Menactra®) on the following date: _____

Personal health information on this form is collected pursuant to section 11 of the *Immunization School Pupils Act*, R.S.O. 1990, c. I. 1 and will be used for obtaining express consent to treatment, by Halton Region's Medical Officer of Health to maintain an immunization record for this child and to take appropriate action to prevent vaccine preventable diseases. Upon request, this record may be disclosed to the child's primary health care provider unless you instruct us not to do so. Questions about this collection can be directed to nurses within the Immunization Services Program, Halton Region Health Department, 1151 Bronte Road, Oakville, ON, L6M 3L1, 905-825-6000 or toll free at 1-866-442-5866.

Nurse's Assessment

Child's name: _____

Screening questions to be answered on day of clinic (to be completed by Health Department nurse):

			NOTES
Are you feeling well today?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Has anything changed with your health recently?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Do you have a fever or have you started antibiotics in the last 24 hours?	<input type="radio"/> Yes	<input type="radio"/> No	_____
Do you have any questions you would like to ask?	<input type="radio"/> Yes	<input type="radio"/> No	_____

VACCINE INFORMATION

Entered in Panorama:

Menactra® 0.5 mL i.m.

- Parent/guardian screening questions reviewed – no change
- Initial screening questions reviewed
- Immunization record assessment completed
- Given per current vaccine specific medical directive

DATE	TIME	LOT #	DELTOID SITE		SIGNATURE
			R	L	

NURSE'S NOTES
