Client ID#___________________

North Bay Parry Sound District **Health Unit** Bureau de santé du district de North Bay-Parry Sound

Grade 7 School Immunization Program
Consent Form for Meningococcal Conjugate ACYW-135 Vaccine

Student's Last Name(s)	Student's First Name(s)	Date of Birth (YYYY/MM/DD)	☐ M ☐ F

Mailing Address	Apt/Unit#	PO Box#	City	Province	Postal Code

Daytime Phone #	Student's Ontario Health Card Number	School

Name of person providing health assessment information and consent (please print): ____________________

Custody: ☐ Mother ☐ Father ☐ Shared ☐ Grandparent ☐ CAS ☐ Other

CONSENT - PLEASE COMPLETE

Information about the Meningococcal conjugate ACYW-135 is available on the Health Unit's website at www.myhealthunit.ca . I understand the benefits, risk and possible side effects from this vaccine. I understand I can withdraw my consent at any time by contacting the NBPSDHU. If my child has a serious adverse reaction to this vaccine, I will seek medical attention immediately and notify the NBPSDHU about the reaction.

Meningococcal conjugate ACYW-135 (please √ yes or no for your consent)	☐ **Yes**	☐ **No**

This vaccine is required under the Immunization of School Pupils Act for attendance at school. Students who do not provide proof of having received this vaccine or a valid exemption could be at risk of suspension from school.

Date: ____________________ Signature of Parent / Legal Guardian:____________________

HEALTH ASSESSMENT – PLEASE ANSWER ALL OF THE QUESTIONS

Question	Yes	No
Has your child ever had a reaction to a vaccine?	☐ Yes	☐ No
Does your child have an allergy to the diphtheria toxoid?	☐ Yes	☐ No
Does your child have any serious health problems? e.g. seizures, paralysis, bleeding disorder?	☐ Yes	☐ No
Does your child have a history of fainting?	☐ Yes	☐ No
Is your child taking any medication that may lower his/her immune system – such as cancer treatment?	☐ Yes	☐ No
Is your daughter pregnant?	☐ Yes	☐ No

If you have any questions about the Meningococcal conjugate ACYW-135 vaccine or require any further clarification please contact one of our nurses at the Health Unit.
North Bay Office – 1-800-563-2808 / 705-474-1400 ext 5252 Parry Sound Office - 1-800-563-2808 / 705-746-5801 ext 3215

FOR NURSE'S USE ONLY
Administered under the authority of Dr. J. Chirico, following MED-VPD-043
VACCINE: MENACTRA® / MENVEO® DOSE: 0.5 ML ROUTE: IM

MED-DIR Authority	**Date and Time**	**Site**	**Lot Number**	**Nurse's signature**
MED-VPD-043		**Right / Left Deltoid**		

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August 2018