



**Hamilton**  
Public Health Services

Vaccine Program  
[www.hamilton.ca/vaccines](http://www.hamilton.ca/vaccines)  
Phone: 905.546.2424 x7556  
Fax: 905.546.4841

Dear Parent/Guardian,

Hamilton Public Health will be resuming routine vaccination of grade 7 students in the schools in the Fall of 2022. We will also be offering these routine vaccinations at the same time to the grade 8 students who have not yet been vaccinated due to the COVID-19 pandemic.

Attached you will find a consent form and a fact sheet. Please review the fact sheet with your child. The three vaccinations that will be offered in school are Hepatitis B, Human Papillomavirus (HPV) and Meningitis vaccines. The HPV and Hepatitis B vaccines are 2 dose series, and they must be given 6 months apart. The meningitis vaccine is a single dose and contains more strains than the vaccine your child received as an infant.

Please follow the directions on the consent form and return the form to your child's teacher. Nurses will be collecting these forms prior to the clinic date. Parents/guardians may receive a call from Public Health if any of the information on the consent form needs to be clarified. You will be able to see the dates of your child's school vaccine clinic on our website, which can be accessed at: [www.hamilton.ca/vaccines](http://www.hamilton.ca/vaccines).

Please ensure your child has eaten breakfast on their clinic day and is wearing a short-sleeved shirt.

If you have any questions about the vaccinations or the clinic, please reach out to our nurses at 905-546-2424 extension 7556, or you can email them at [vaccineteam@hamilton.ca](mailto:vaccineteam@hamilton.ca).

Thank you,

A handwritten signature in cursive script that reads "Sharalyn Penner-Cloutier".

Sharalyn Penner-Cloutier RN, BScN  
Acting Manager- Community Vaccination and School Clinics  
City of Hamilton, Healthy and Safe Communities Department

# SCHOOL VACCINATION CONSENT FORM



**INSTRUCTIONS FOR PARENT/GUARDIAN**

1. Read the attached information about the Hep B, HPV-9 and Men-C-ACYW-135 vaccines.
2. Complete the **front page only**.
3. Return this signed consent to your child's teacher.

## 1. STUDENT INFORMATION

Last Name	First Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
		Male	Female	Other
Birthday <small>Year      Month      Day</small>	School			
Parent/Guardian Name and Relationship to Student	Daytime Phone	Work or Cell		

## 2. STUDENT HEALTH HISTORY

If yes, please explain:

Does your child have any allergies?	<input type="radio"/>	<input type="radio"/>	
	Yes	No	
Has your child ever reacted to a vaccine?	<input type="radio"/>	<input type="radio"/>	
	Yes	No	
Does your child have a history of fainting or seizures?	<input type="radio"/>	<input type="radio"/>	
	Yes	No	
Does your child have a serious medical condition or take any medication that weakens the immune system?	<input type="radio"/>	<input type="radio"/>	
	Yes	No	

## 3. VACCINATION HISTORY

Has your child received any of these vaccines before? If yes, please complete the table below.

<b>Meningococcal Conjugate A-C-Y-W-135</b>	<input type="radio"/>	Menactra®	<input type="radio"/>	Menveo®	<input type="radio"/>	Nimenrix®	Single dose: YYY / MM / DD
<b>Hepatitis B</b>	<input type="radio"/>	INFANRIX-hexa®	<input type="radio"/>	Engerix®-B	<input type="radio"/>	Twinrix®	Dose 1: YYY / MM / DD
	<input type="radio"/>	Recombivax-HB®	<input type="radio"/>	Twinrix® Jr.	Dose 2: YYY / MM / DD Dose 3: YYY / MM / DD		
<b>Human Papillomavirus Vaccine</b>	<input type="radio"/>	Gardasil®	<input type="radio"/>	Gardasil®-9	<input type="radio"/>	Cervarix®	Dose 1: YYY / MM / DD
							Dose 2: YYY / MM / DD

## 4. PERMISSION FOR VACCINATION

I have read or had explained to me the attached information about the Hepatitis B, HPV-9 and Men-C-ACYW135 vaccines. This permission form is valid until August 31<sup>st</sup>, 2024. However, I understand that I can withdraw permission at any time by calling Hamilton Public Health at 905-546-2424 ext. 7556.

Meningitis Vaccine		
I give Hamilton Public Health permission to administer 1 dose of Men-C-ACYW135 vaccine. <i>This vaccine is required for school attendance.</i>	<input type="radio"/>	<input type="radio"/>
	YES	NO
Hepatitis B Vaccine		
I give Hamilton Public Health permission to administer 2 doses of Hepatitis B vaccine given at least 6 months apart.	<input type="radio"/>	<input type="radio"/>
	YES	NO
HPV Vaccine		
I give Hamilton Public Health permission to administer 2 doses of Human Papillomavirus vaccine given at least 6 months apart.	<input type="radio"/>	<input type="radio"/>
	YES	NO

X \_\_\_\_\_  
Signature of Parent/Guardian
Date

### COLLECTION AND USE OF PERSONAL HEALTH INFORMATION

The personal health information on this form is collected under the *Personal Health Information Protection Act, 2004*. The City of Hamilton Public Health Services (PHS) will use the information you provide for purposes permitted or required by law like to help treat and care for you and to plan, administer and evaluate PHS programs and services.

If you have any questions about the collection or use of your information or if you would like to withdraw your consent, please contact PHS Vaccine Program by phone at (905) 546-2424 x 7556 or by mail at 110 King St. W, 2<sup>nd</sup> Floor, Hamilton, Ontario, L8N 4S6.

**FOR NURSES USE ONLY**

	Men-C-ACYW135		Hepatitis B		HPV-9	
Has the parent given permission?	Dose 1:		Dose 1:		Dose 2:	
	○ ○		○ ○		○ ○	
	Yes No		Yes No		Yes No	

**NURSE'S ASSESSMENT** (Ensure initials are being used to indicate each answer)

	Dose 1	Dose 2	Notes:
Do you have a fever or are you sick today?	○ ○ Yes No	○ ○ Yes No	
Has anything changed with your health recently?	○ ○ Yes No	○ ○ Yes No	
Did you react to a previous dose of a vaccine?	○ ○ Yes No	○ ○ Yes No	
Females only: Is there a chance you could be pregnant?	○ ○ Yes No	○ ○ Yes No	
Do you understand what the vaccines are for? Health teaching provided as needed.	○ ○ Yes No	○ ○ Yes No	
Do you have any questions? Health teaching provided as needed.	○ ○ Yes No	○ ○ Yes No	

**CONSENT FOR VACCINATION**

- Student X \_\_\_\_\_
- Student X \_\_\_\_\_
- Substitute Decision Maker (SDM) (check only if SDM has given permission written or verbally)

Nurse's Rationale Round 1: \_\_\_\_\_

Nurse's Rationale Round 2: \_\_\_\_\_

**VACCINE INFORMATION**

The following vaccines were administered intramuscularly as per the EW&CDC Medical Directives 01-03-01 Meningococcal Conjugate A-C-Y-W-135 Vaccine, 01-03-11 Hepatitis B Vaccine and 01-03-12 Human Papillomavirus Vaccine authorized by Dr. Richardson and Dr. Harvey.

Meningococcal Conjugate A-C-Y-W-135 Vaccine						
	Date & Time	Lot #	Vaccine	Site*: Deltoid	Signature	Panorama Entry Date & Initial
1			○ Menactra® 0.5mL ○ Nimenrix® 0.5mL	LS RS LI RI		
Hepatitis B Vaccine						
	Date & Time	Lot #	Vaccine	Site*: Deltoid	Signature	Panorama Entry Date & Initial
1			○ Engerix®-B 1mL ○ Recombivax HB® 1mL	LS RS LI RI		
2			○ Engerix®-B 1 mL ○ Recombivax HB® 1mL	LS RS LI RI		
Human Papillomavirus Vaccine						
	Date & Time	Lot #	Vaccine	Site*: Deltoid	Signature	Panorama Entry Date & Initial
1			○ Gardasil®9 0.5mL	LS RS LI RI		
2			○ Gardasil®9 0.5mL	LS RS LI RI		

**NOTES:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\* LS = Left Superior, LI = Left inferior, RS = Right Superior, RI = Right Inferior



## Grade 7 Vaccination Facts



**Hamilton**

*Nurses from Hamilton Public Health Services will be visiting your child's school to offer free vaccinations for students in grade 7 and grade 8*

### ARE VACCINES SAFE?

Vaccines go through years of testing before they become publicly available. Vaccines are carefully monitored from the time they are created to after the vaccine is given. It is safe to give multiple vaccines at one time and studies have shown there is no increase in side effects. It is worse to get the disease than the vaccine. If a vaccine is considered unsafe, the vaccine is then pulled from the market<sup>1</sup>.

### WHAT ARE THE SIDE EFFECTS OF THE VACCINES?

The most common side effects are tiredness, pain, redness and swelling where the vaccine was given<sup>2</sup>. Serious reactions to vaccines are very rare. When they do occur, they are reported to Public Health and tracked by the Ministry of Health and Long-Term Care.

### Meningitis Vaccine

*Vaccine name: Men-C-ACYW135*

*Vaccine Brand: Nimenrix®*

- Meningitis can cause swelling of the brain and spinal cord, leading to brain damage, deafness, seizures and even death. This disease is spread through saliva and bodily fluids ex. Kissing, sneezing, coughing and sharing food, drinks and eating utensils<sup>3</sup>.
- The vaccine is 80% - 85% effective in teens<sup>2</sup>.
- This vaccine is required for children to attend school, unless they have a valid exemption.
- In Ontario, the first meningitis vaccine is given at 12 months (Men-C-C) protecting your child against one strain. This Grade 7 vaccine (Men-C-ACYW135) protects against 4 strains<sup>2</sup>.
- Ingredients: contains Meningococcal strains A, C, Y, and W-135, tetanus toxoid protein carrier, sodium chloride, sodium phosphate, dibasic, anhydrous, sodium phosphate monobasic and water<sup>4</sup>.
- Parents who choose not to vaccinate their child/children with the Men-C-ACYW135 vaccine must complete a valid exemption. This form must be notarized and brought to Public Health.

### Human Papillomavirus (HPV) Vaccine:

*Vaccine name: HPV-9*

*Vaccine Brand: Gardasil®-9*

- HPV disease can cause genital warts and cancer (cervical, anal, genital, mouth and throat)<sup>5</sup>. This virus is spread by sexual skin to skin contact<sup>5</sup>.
- This vaccine prevents 60% - 70% of HPV related cancers and about 90% of genital warts<sup>6</sup>.
- This vaccine is offered as a two-dose series for students under 15 years of age.
- Ingredients: L1 proteins for HPV Type: 6, 11, 16, 18, 31, 33, 45, 52, 58, aluminum, L-histidine, polysorbate 80, sodium borate, sodium chloride and water<sup>7</sup>.

## Hepatitis B Vaccine:

Vaccine name: Hepatitis B

Vaccine Brand: Engerix®-B/ Recombivax-HB®

- Hepatitis B is one of the most common causes of liver cancer and it can lead to liver failure. This disease is spread through bodily fluids such as blood, semen and vaginal fluids<sup>5</sup>.
- This vaccine is 95%-100% effective in teens when the series is completed<sup>6</sup>.
- The Hepatitis B vaccine is offered as a two-dose series for students under 16 years of age.
- Ingredients: Hepatitis B surface antigen, aluminum hydroxide, disodium phosphate dehydrate, sodium chloride, sodium borate, sodium dihydrogen phosphate dihydrate and water<sup>9,10</sup>.

**Please note:** The HPV vaccine is free of charge for all students up to grade 12. If you decide to wait to vaccinate your child with HPV, the total cost of the vaccine is about \$450. The vaccines are not free at your doctor's office without a valid medical reason. This does not include anxiety over needles.

### HOW CAN I PREPARE MY CHILD?



- ✓ Talk to your child about the vaccine(s)
- ✓ Complete and return the consent form
- ✓ Review helpful ways to deal with fear or anxiety (look away, listen to music, watch a video etc.)
- ✓ Make sure your child eats on clinic day
- ✓ Make sure your child wears a short sleeve shirt on clinic day

### WHAT IF I DECIDE NOT TO VACCINATE?

- The Men-C-ACYW135 vaccine is required by law (Immunization of School Pupils Act, 1990). If your child does not receive the vaccine, and does not have a valid exemption, they could be suspended<sup>11</sup>.
- The Hepatitis B and HPV vaccines are not required by law (Immunization of School Pupils Act, 1990) but are highly recommended<sup>11</sup>.



If you have any questions or concerns regarding vaccines, please call Public Health Services to speak to a nurse at 905-546-2424 ext. 7556

### References:

<sup>1</sup>National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 2 Vaccine Safety. Ottawa: Public Health Agency of Canada; 2016.

<sup>2</sup>National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 4 Active Vaccines: Meningococcal Vaccine. Ottawa: Public Health Agency of Canada; 2021.

<sup>3</sup>Moore, D. Meningococcal Disease (pp. 223-246). In: Your Child's Best Shot (4th ed.). Canadian Pediatric Society; 2015.

<sup>4</sup>Pfizer Canada ULC. Product Monograph: Nimenix®. Kirkland, QC; August 2021.

<sup>5</sup>Kwong JC et al. Ontario Burden of Infectious Disease Study (ONBOIDS): An OAHPP/CES Report. Toronto: Ontario Agency for Health Protection and Promotion, Institute for Clinical Evaluative Sciences; 2010.

<sup>6</sup>National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 4 Active Vaccines: Human Papillomavirus Vaccine. Ottawa: Public Health Agency of Canada; September 2021.

<sup>7</sup>Merck Canada Inc. Product Monograph: Gardasil®9. Kirkland QC; April 2022.

<sup>8</sup>National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 4 Active Vaccines: Hepatitis B Vaccines. Ottawa: Public Health Agency of Canada; May 2022.

<sup>9</sup>GlaxoSmithKline Inc. Product Monograph: Engerix®-B. Mississauga ON; October 2020.

<sup>10</sup>Merck Canada Inc. Product Monograph: Recombivax HB®. Kirkland, Quebec; May 2019.

<sup>11</sup>Immunization of School Pupils Act, R.S.O. 1990, c. I.1. (Online). Toronto: Government of Ontario; 2019.



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