



Have your child return the completed form to their school.

Grade 7 Vaccine program consent form

2025-2026



Report previously received vaccines

Student last name:	Student first name:	Preferred name:
Date of birth (y/m/d):	School:	Grade:
Parent or guardian:	Phone:	Email:

By providing your email, you consent to Public Health sending communications via email.

Student health history	Yes	No	If yes, please explain
Does your child have any allergies?			
Has your child ever had a reaction to a vaccine?			
Does your child have a history of fainting or seizures?			
Does your child have any serious medical conditions?			
Is your child immunocompromised due to a health condition or medication?			

If there is a chance your child is pregnant, they should not receive the Human Papillomavirus (HPV) vaccine. If your child requires any special consideration, please call the South East Health Unit (SEHU) - LGL, at 1-800-660-5853 ext 2313.

Consent for vaccination

I have read the vaccine information included about meningococcal, hepatitis B, and human papillomavirus vaccines.

I understand the expected benefits and possible risks and side effects of the vaccines.

I understand that I can withdraw my consent at any time. This consent is valid until the completion of Grade 8.

I understand that my child may receive up to three needles in one day.

Check yes or no for each vaccine.	Yes, I give consent to SEHU to vaccinate my child with:	No, I do not give consent to SEHU to vaccinate my child with:
Meningococcal (Men-C-ACYW-135) (1 dose)*	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis B (HB) (2 doses)	<input type="checkbox"/>	<input type="checkbox"/>
Human Papillomavirus (HPV-9) (2 doses)	<input type="checkbox"/>	<input type="checkbox"/>

*This vaccine differs from Men-C-C and Men-B and proof of vaccine or a valid exemption is required for school attendance in Ontario

By signing, I am indicating to SEHU that I am a parent or guardian with legal authority to consent.

Parent or guardian signature: _____ Date: _____

SEHU staff use only

Round 1: <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Too soon <input type="checkbox"/> Deferred	Round 2: <input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Too soon <input type="checkbox"/> Deferred
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Men-C-ACYW-135 0.5 ml intramuscular

Date:	Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Nurse signature:
<input type="checkbox"/> Previously completed. Date(s):		

HB 1.0 ml intramuscular

Dose 1 date:	Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Dose 2 date:	Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right
Nurse signature:		Nurse signature:	
<input type="checkbox"/> Previously completed. Date(s):			

HPV-9 0.5 ml intramuscular

Dose 1 date:	Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right	Dose 2 date:	Deltoid site: <input type="checkbox"/> Left <input type="checkbox"/> Right
Nurse signature:		Nurse signature:	
<input type="checkbox"/> Previously completed. Date(s):			

Clinical note(s) – see Panorama

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. By completing this form, you acknowledge that personal health information may be visible to school staff during collection and storage of the form. Any questions about the collection of this information should be directed to Vaccine Preventable Disease, South East Health Unit, 458 Laurier Blvd. Brockville ON, K6V 7A3, 1-800-660-5853 ext 2313.