Grade 7 Vaccine Information and Consent



The goal of the grade 7 Vaccine Program is to protect students BEFORE they may be exposed to these diseases.

Students require fewer doses of vaccine at this age to be fully protected. Vaccines are provided free of charge by nurses from Public Health.

Who should NOT get these vaccines at a school clinic

- Student who has had a previous severe reaction to a vaccine (example: anaphylaxis requiring medical support);
- Student who has an allergy to yeast;
- Student who is or may be pregnant

If your child has any conditions or takes any medications that might affect their ability to receive vaccines at school, please contact the Health Unit to discuss options schoolvaccine@healthunit.org

Vaccine information

1 dose of Meningococcal A, C, Y, W-135 Vaccine (trade name Nimenrix or Menactra).

- This Meningococcal vaccine is different from the vaccine your child was given at 1 year of age.
- This vaccine is required to attend school in Ontario, unless a valid legal exemption has been filed.
- This vaccine helps to protect against 4 types of meningitis.
- The meningococcal bacteria spreads through:
 - » sharing food and drinks; kissing;
 - » sharing items like lipstick, water bottles, and musical instruments.

2 doses of Hepatitis B Vaccine, minimum 6 months apart (trade name Recombivax HB or Engerix B).

- This vaccine helps to protect against one type of Hepatitis.
- Hepatitis can damage the liver and cause cancer of the liver.
- The Hep B virus spreads by close contact with an infected person's blood or body fluids.

2 doses of Human Papilloma Virus Vaccine (HPV), minimum 6 months apart (trade name Gardasil 9).

- HPV is a family of viruses with over 100 types. Gardasil 9 vaccine protects against 9 HPV types.
- HPV can cause cancers of the mouth, throat, cervix and many other types of cancers.
- HPV is spread by skin-to-skin contact.

Common possible side effects from the vaccines

- Redness, tenderness and swelling at the injection site. This is usually mild and goes away on its own. You can use a cold pack to help.
- Tiredness, fever, loss of appetite or headache may occur and last a day or two. You may give Acetaminophen (Tylenol) or Ibuprofen (Advil) to help with these symptoms.

Uncommon effects

- Allergic reaction such as hives, wheezing or swelling of the face and mouth are rare. If these symptoms occur, seek medical attention immediately.
- Call your health care provider if any symptoms last more than a few days.

PARENT/GUARDIAN CONSENT

Your consent is valid for the time needed to give all doses of the vaccines, unless you contact the Health Unit to cancel your consent.

Student's Last Name:	Date of Birth: (YYYY/MM/DD)			
Student's Legal First Name:				
Student's Preferred First Name: _	School:			
Pronoun(s)				
Name of Parent/Legal Guardian Phone Number:				
Email address:				
By signing below, I confirm that I have had the opportunity to read the information I was given on the vaccine(s) and I understand the benefits, risks and possible reactions of each vaccine. (on back of this page)				
Please vaccinate my child for:	Signature	Date		
Meningococcal A, C, Y, W-135 1 dose				
Hepatitis B Vaccine				
2 dose series HPV (Human Papilloma Virus)				
2 dose series				
Leeds, Grenville & Lanark Di	istrict For more information	call 1-800-660-5953		

Health Unit use only

Meningococcal ACYW135	
Нер В	
HPV	

www.healthunit.org

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