



CONSENT FOR GRADE 6 IMMUNIZATIONS

For all students: Hepatitis B, Meningococcal C and Chickenpox vaccines.

For Girls Only: Human papillomavirus (HPV) vaccine.

USE A PEN, PRINT CLEARLY AND PRESS FIRMLY

SECTION 1: CHILD'S PERSONAL INFORMATION

Form with fields for LAST NAME, FIRST NAME, SCHOOL, DIV / TEACHER, GENDER, BIRTHDATE, CARECARD NUMBER, NAME OF PARENT / GUARDIAN / REPRESENTATIVE, RELATIONSHIP TO CHILD, DAY PHONE, EVENING PHONE, CELL PHONE, and ALERT.

SECTION 2: PARENT / GUARDIAN / REPRESENTATIVE CONSENT

For each vaccine listed below, check Yes or No, sign and date.

I understand the information in the HealthLink BC File for the vaccines listed below. I understand the benefits and possible reactions for each vaccine and the risk of not getting immunized. I have had the opportunity to ask questions that were answered to my satisfaction. I understand this consent is valid for the vaccine(s) listed below unless the consent is cancelled.

Hepatitis B vaccine (2 doses) form with fields for date(s), immunization preference, and signature.

Chickenpox vaccine (1 dose) form with fields for disease status, immunization preference, and signature.

Meningococcal C vaccine (1 dose) form with fields for date of last dose, immunization preference, and signature.

GIRLS ONLY: Human Papillomavirus (HPV) vaccine (2 doses) form with fields for date(s), immunization preference, and signature.

Personal information collected on this form will be used by the health authority to update the student's immunization record. The information will be used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act.

SECTION 3: PUBLIC HEALTH USE ONLY - TELEPHONE CONSENT

Form for telephone consent with fields for TELEPHONE CONSENT OBTAINED FROM, RELATIONSHIP TO CHILD, FOR (HEP B, MEN C, VARICELLA, HPV), NURSE SIGNATURE, and DATE.

SECTION 4: PUBLIC HEALTH USE ONLY - CHILD'S IMMUNIZATION RECORD

Table with columns for VACCINE, DOSE, DATE GIVEN (YYYY / MM / DD), SITE, LOT #, and NURSE SIGNATURE. Rows include HEPATITIS B, MENINGOCOCCAL C, CHICKENPOX, and HPV.

NURSES NOTES section for recording additional information.