



Meningococcal A,C,Y,W-135 Quadrivalent Conjugate (Men-C-ACWY) Vaccine Consent Form

Instructions:

1. Read the following information before completing the consent form
 - Dear Parent(s)/Guardian(s) Letter
 - Fact Sheet on the Meningococcal A,C,Y,W-135 Quadrivalent Conjugate Vaccine
2. If you want your child to receive the vaccine at the school clinic, **complete SECTION A, B and E.**
3. If your child has already received the Meningococcal A,C,Y,W-135 Quadrivalent Conjugate Vaccine, **complete SECTION A and C.**
4. If you do not want the Porcupine Health Unit to administer the Meningococcal A,C,Y,W-135 Quadrivalent Conjugate Vaccine, **complete SECTION D.**

SECTION A			
Last Name:	First Name:	Date of Birth: <small>(yy-mm-dd)</small>	Sex: Male <input type="checkbox"/> Female <input type="checkbox"/>
Home Address:	Town:	Home Telephone #:	
Mother's Name & Telephone Number at Work:		Father's Name & Telephone Number at Work:	
School Name:		Room #:	
Child's Health Card #:	Doctor:		

SECTION B	
<input type="checkbox"/> YES , I consent to have the Porcupine Health Unit administer the Meningococcal A,C,Y,W-135 Quadrivalent Conjugate vaccine to my child. I understand this will include 1 shot given within the next several months. I have read the Meningococcal A,C,Y,W-135 Quadrivalent Conjugate vaccine fact sheet. I understand the benefits, risks and possible side effects to my child from Meningococcal A,C,Y,W-135 Quadrivalent Conjugate vaccination. I understand I can withdraw my consent at any time by calling the Porcupine Health Unit nurse assigned to my child's school. If my child has a serious adverse reaction to the vaccine I will go to a physician immediately and call the Porcupine Health Unit.	
Date: _____ <small>(yyyy-mm-dd)</small>	Signature: _____ <small>(Parent/ Legal Guardian)</small>

OR

SECTION C	
<input type="checkbox"/> <u>MY CHILD HAS ALREADY RECEIVED THE MENINGOCOCCAL QUADRIVALENT A,C,Y,W-135 CONJUGATE VACCINE</u>	
Please provide the date below. Only one shot is required for full protection.	
Date of Dose: _____	
Date: _____ <small>(yyyy-mm-dd)</small>	Signature: _____ <small>(Parent/ Legal Guardian)</small>

OR

SECTION D	
<input type="checkbox"/> NO , I do not consent to have the Porcupine Health Unit administer the Meningococcal A,C,Y,W-135 Quadrivalent Conjugate vaccine to my child. I understand the possible consequences if he/she is not vaccinated with the Meningococcal A,C,Y,W-135 Quadrivalent Conjugate vaccine.	
Date: _____ <small>(yyyy-mm-dd)</small>	Signature: _____ <small>(Parent/ Legal Guardian)</small>
_____	_____
	<small>(Name of Child)</small>
	<small>(Date of Birth)</small>

SECTION E

Reviewed by
Nurse before
each dose
(Please
check)

Health History	Circle your response		If "yes" briefly describe	1	2
	Yes	No			
Did your teenager have a reaction to a vaccine in the past?	Yes	No			
Does your teenager have allergies to the following: <ul style="list-style-type: none"> Sodium phosphate, sodium chloride or latex (natural rubber) Other: _____ Note: There is no antibiotic or yeast in this vaccine.	Yes	No			
Does your teenager have any serious health problems? ie: seizures, paralysis, history of fainting	Yes	No			
Is your teenager taking any medication that may lower his/her immune system, such as cancer therapy?	Yes	No			
Is your teenager pregnant or is there a chance she could become pregnant during the following months?	Yes	No			

Personal health information on this form is collected by the Porcupine Health Unit for the Vaccine Preventable Disease Program. For information about the way we protect the confidentiality of personal health information, call us or visit Porcupine Health Unit's Privacy Statement at www.porcupinehu.on.ca.

FOR NURSE'S USE ONLY

Student's Last Name:		Student's First Name:			Date of Birth: yy-mm-dd	
Date & Time Vaccine Given (yy/mm/dd)	Trade name of the product	Dosage & Route	Site (Circle)	Manufacturer	Lot #	Nurse's Signature & Title
	Disease against which it protects				Expiry Date (yy-mm)	
Date :	Menactra®	0.5 mL / IM	Left deltoid	Sanofi Pasteur Limited		
Time :	Groups A,C,Y and W-135		Right deltoid			

Comments:
