

Meningococcal Vaccine (Menactra[®]/Menveo[™]) Consent Form

Student Name: (Last) _____ (First) _____

Birth date: (Year) _____ (Month) _____ (Day) _____ Sex: Male Female

Ontario Health Card Number (if available): _____

School Name: _____ Grade: _____ Class: _____

Parent/Legal Guardian:

YES, I consent to have Toronto Public Health administer one dose of Meningococcal vaccine ACYW-135 (Menactra[®]/Menveo[™]) to my child, _____.
I have read the Toronto Public Health Meningococcal Vaccine for Grade 7 Students fact sheet. I understand the benefits, risks and possible side effects to my child from vaccination with Meningococcal (Menactra[®]/Menveo[™]) vaccine. I understand I can withdraw my consent at any time. If my child has an adverse reaction to the vaccine I will go to a physician immediately and contact Toronto Public Health. One dose is required to protect my child at this time. I understand Toronto Public Health staff may contact me regarding this vaccination.

Date: _____ Signature: _____
yyyy/mm/dd (Parent / Legal Guardian)

Day phone #: _____ E-mail Address: _____
(optional)

OR, My child has already received Menactra[®]/Menveo[™] _____
(Date given: yyyy/mm/dd)

Note: If your child had Menactra[®]/Menveo[™] in the past 5 years your child does not need it again.

If your child has had a different meningitis vaccine, your child should still get Menactra[®]/Menveo[™] (sign consent above).

NO, I do not consent to have Toronto Public Health administer the Meningococcal vaccine (Menactra[®]/Menveo[™]) to my child, _____. I understand the possible consequences if my child is not vaccinated.

Date: _____ Signature: _____
yyyy/mm/dd (Parent / Legal Guardian)

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. It is used for the Toronto Public Health Vaccine Preventable Diseases Program. **The confidentiality of this information is protected.** For more information, visit our Privacy Statement at www.toronto.ca/health/information_practice_statement.htm or contact Manager, Vaccine Preventable Diseases – 235 Danforth Ave., 2nd Floor, Toronto, ON, M4K 1N2 or by telephone: 416-392-1250.

2013-2014