# Meningococcal A, C, Y, W135 Vaccine Consent Form

- 1. Read the attached information about the Meningococcal vaccine.
- 2. Remove the consent form. Complete the front of this page.
- 3. Return the signed form to your child's teacher.

## **1. STUDENT INFORMATION**



Vaccine Preventable Diseases www.oxfordcounty.ca/health 519.539.9800 Toll-free: 1.800.755.0394 Fax: 519.539.6206

LAST NAME						FIRST NAME			
BIRTHDAY	YEAR	MONTH	DAY	GENDER	SCHOO	OL			TEACHER
PARENT/GUA	RDIAN NAM	E				HOME PHONE		WORK OR CELL	PHONE
2. STUDENT HEALTH HISTORY					CHECK ONE	IF YES, PLEASE EXPLAIN			
Does your child have any allergies?					YES NO				
Has your child ever reacted to a vaccine?									
Does your child have a history of fainting or seizures?					YES NO				
Does your child have a serious medical condition?									

## **3. CONSENT FOR IMMUNIZATION**

I have read or had explained to me the attached information about the Meningococcal vaccine. My questions have been answered to my satisfaction. Check **one**:

<b>Yes,</b> please vaccinate my child with 1 dose of the Meningococcal vaccine.					
PARENT/GUARDIAN SIGNATURE     DATE					
<ul> <li>No, please do not vaccinate my child with the Meningococcal vaccine (exemption required). I understand the possible consequences if my child is not vaccinated against Meningococcal disease. An exemption form must be notarized and filed at the Health Unit.</li> <li>No, my child already received the Meningococcal conjugate ACYW135 (e.g. Menactra<sup>®</sup>) on the following date:</li> </ul>					
	DATE				

## **COLLECTION AND USE OF PERSONAL HEALTH INFORMATION**

The collection of personal information on this form is necessary for the proper administration of a lawfully authorized activity under Sec.2, 5 & 6(1) of the Health Protection and Promotion Act, R.S.O. 1990, R.R.O. 1990, Reg.570, Sec.11 of the Immunization of School Pupils Act and R.R.O. 1990, Reg.645 for the purpose of assessing and recording immunization status of school-aged children.

If you have questions about the collection of your information, contact:

Oxford County Public Health 410 Buller Street Woodstock, ON, N4S 4N2 519.539.9800 or toll free at 1.800.755.0394

NURSE'S ASSESSMENT	DOSE 1	NOTES
Do you have a fever or are you sick today?	YES NO	
Has anything changed with your health recently?	YES NO	
Is there a chance you could be pregnant?	YES NO NA	
Do you understand what the vaccine is for? If no, health teaching provided.	YES NO	
Do you have any questions? If yes, health teaching provided.	YES NO	

## **VACCINE INFORMATION**

MENACTRA® 0.5 ML IM

DATE	TIME	DELTOID SITE		INITIALS
		R	L	

## **NURSE'S NOTES**

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## MENINGOCOCCAL A, C, Y, W135 VACCINE FOR GRADE 7 STUDENTS FACTS

### What are the problems with Meningitis?

Many people have meningococcal bacteria in the back of the nose and throat. This does not always make them sick. It is spread through close, direct contact. Examples are kissing, coughing or sneezing. It is also spread when sharing things like food, drinks, toys and musical instruments. People become sick when the bacteria get into the blood and other body fluids. This can lead to brain damage and sometimes death in just a few hours.<sup>1</sup>

## What is the benefit of getting the vaccine?

Your child has likely already received a meningococcal vaccine (e.g. Menjugate<sup>®</sup>). The vaccine for infants protects from **one** type of the bacteria. The grade 7 vaccine is different. It protects against **four** types of bacteria. These types cause almost all cases of Meningitis. The vaccine protects 80% to 85% of teens.<sup>2</sup> Your child will receive one shot. A booster dose is not needed.<sup>3</sup>

### How is the vaccine tested?

The vaccine has been in use since 2006. Safety is tested

- · before new vaccines are approved in Canada
- before each batch of vaccine is released
- · through lab inspections
- through ongoing research
- · through reports of adverse events

### What is an adverse event?

An adverse event is any health problem after a vaccine is given. The event may or may not be due to the vaccine. When things happen close together, it does not mean they are related. For example, if you eat an apple and then break your arm, it does not mean the apple caused the bone to break.

### What are the side effects of the vaccine?

All injections can cause pain in the muscle, redness or swelling. Headache and feeling tired are the main side effects of the vaccine.<sup>2</sup>

### What if I decide not to vaccinate?

Values and beliefs play a role in decisions about vaccines. This vaccine is required by law (Immunization of School Pupils Act,1990). If you do not have your child vaccinated for meningococcal disease, an exemption form must be notarized and filed at the health unit.

### How can I prepare my child?



### It is worse to get meningitis than the vaccine.



#### SOURCES

<sup>1</sup> Gold, R. Meningococcal Disease (pp. 135-153). In: Your Child's Best Shot (3rd ed.). Canadian Paediatric Society; 2006.

<sup>2</sup> National Advisory Committee on Immunization. Canadian Immunization Guide (Evergreen Edition). Part 4 Active Vaccines: Meningococcal Vaccine. Ottawa: Public Health Agency of Canada; 2012.

<sup>3</sup> Plotkin, SA et al. Vaccines (5th ed.). Saunders Elsevier; 2008.

<sup>4</sup> Keyserling, H et al. Safety, Immunogenicity, and Immune Memory of a Novel Meningococcal (Groups A, C, Y, and W-135) Polysaccharide Diphtheria Toxoid Conjugate Vaccine (MCV-4) in Healthy Adolescents. Archives of Pediatrics and Adolescent Medicine, 159:907-913; 2005.

<sup>5</sup> Sanofi Pasteur Limited. Product Monograph: Menactra®. Toronto, ON; June 2012.



Adapted with permission from Hamilton Public Health Services.