

Hepatitis B Vaccine Consent Form

Student's Name: (Last) _____ (First) _____

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

Ontario Health Card Number (if available): _____

School Name: _____ Class: _____

Please print clearly and complete the appropriate section(s).

YES. I consent to have Toronto Public Health administer the Hepatitis B vaccine to my child, _____ to complete his/her Hepatitis B vaccination series. This includes 2 doses given within the next 24 months. I have read the Toronto Public Health Hepatitis B fact sheet. I understand the benefits, risks and possible side effects to my child from Hepatitis B vaccination. 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 inform Toronto Public Health.

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

Daytime Telephone Number: (_____) _____

OR

MY CHILD HAS ALREADY RECEIVED A HEPATITIS B VACCINE

Please provide the dates below. If your child has only received one dose, a second or third dose may be required. Please sign above if your child has received one or two doses so Toronto Public Health can ensure your child is protected against Hepatitis B.

Please note: the Hepatitis B vaccine is not the same as the Haemophilus influenzae type b (or Hib) vaccine.

Date of First Dose _____
Date of Second Dose _____
Date of Third Dose/Additional Doses _____

OR

NO. I do not consent to have Toronto Public Health administer the Hepatitis B vaccine to my child _____. I understand the possible consequences if my child is not vaccinated.

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

Please call the Immunization Information Line at 416-392-1250 if your child receives the Hepatitis B vaccine in the future from another health care provider or if you require further information.