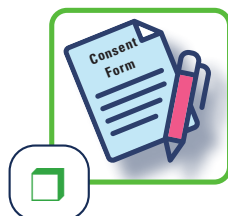


# School Immunization Program

## Student & Parent Checklist

This is a reminder that Toronto Public Health will be providing free vaccinations to students in Grades 7 and 8 to help protect against cancers, meningitis, and serious infections.

### Student's Checklist for Day of the Clinic:



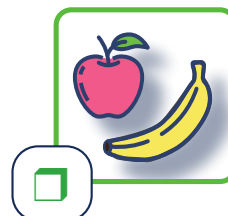
Have your parents complete & sign the consent form and return it to school



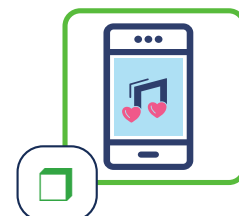
Bring a copy of your yellow immunization record if available



Wear a loose fitting or short sleeve shirt



Eat something before the clinic



Take deep breaths to stay calm & bring music to distract yourself

• Masks must be worn at the clinic •

### Parent's Checklist before the Clinic: Completing the Consent Form

- ☐ Review the [Vaccine Fact Sheet](#) together with your child. If you have [questions about the vaccines for your child](#), speak to a health care provider.
- ☐ 2-3 weeks before the clinic, fully complete the consent form, sign it and return it.

### Step 1: Student Information

- Include your cell phone number in case the nurse needs to contact you.
- Include the full name of your child's school and their teacher's name.

*Example of a completed form*

Last Name			First Name	Ontario Health Card #	Sex
Ochoa			Antonio	1234-567-890	Male
Birth Year	Month	Day	School	Class or Teacher's Name	
2010	01	01	Toronto Middle School	7A, Mrs. Xiang	
Parent/Legal Guardian Name (Please print)				Parent/Legal Guardian Phone	
Sofia Ochoa				416-123-4567	

### Step 2: Student Vaccination History

- Check your child's yellow vaccine card or the [Immunization Connect Ontario \(ICON\)](#) online tool to see whether your child already got these vaccines. These vaccines are usually given for free by public health in grade 7 and 8. Your child may have received one of these vaccines if you purchased the vaccine for them (e.g. due to travel) or if they were vaccinated in another country.



- If your child has already received any of the vaccines, please place a checkmark on the names of the vaccines and date(s) given.
- The [meningococcal ACYW-135 vaccine](#) or a valid exemption is required for students 12 years of age and older for school attendance, even if your child already received a meningococcal-C (Men-C-C) vaccine.
- On the day of the clinic, send your child to school with a copy of their yellow immunization card, if available.
- Public Health nurses will review your child's immunization records and vaccinate only if required.

### Step 3: Health History

- Check off "Yes" or "No" for each item about your child's health. Explain any "Yes" responses.

### Step 4: Consent for vaccination

- Please check ☐ YES or ☐ NO for each vaccine.
- Sign and date the form.

<p>Check <input checked="" type="checkbox"/> all the vaccines you give permission for the student to receive</p>	<p><b>YES</b></p> <p>I authorize Toronto Public Health to administer the following vaccines:</p> <p><input checked="" type="checkbox"/> Check all the vaccines you give permission for the student to receive.</p> <p>Note: Toronto Public Health will review the student's vaccination history (see Step 2) and vaccinate only if the student requires it.</p> <p><input type="checkbox"/> meningococcal vaccine (1 dose)</p> <p><input type="checkbox"/> human papillomavirus vaccine (2 or 3 doses)</p> <p><input type="checkbox"/> hepatitis B vaccine (2 or 3 doses)</p>
<p><b>OR</b></p>	<p><b>NO</b></p> <p>I do not authorize Toronto Public Health to administer the following vaccines to the student:</p> <p><input checked="" type="checkbox"/> Check all the vaccines you do not want the student to receive.</p> <p><input type="checkbox"/> meningococcal vaccine</p> <p><input type="checkbox"/> human papillomavirus vaccine</p> <p><input type="checkbox"/> hepatitis B vaccine</p>
<p style="text-align: center;"><i>Signature</i></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p>Signature of Parent/Legal Guardian/Student Over 14 Years Old</p>	<p style="text-align: center;"><b>Date</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="text-align: center;">Date</p>
<p>Relationship to Student: <input type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian</p>	

Consent forms submitted to Toronto Public Health through your children's school for SIP vaccines are valid for two years.

For more information, please visit the [TPH School Immunization Program webpage](#).