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## **Toronto Public Health (TPH) School Immunization Program for Grade 7/8 Students Frequently Asked Questions**

### **1. What are the School Immunization Program (SIP) vaccines?**

- The SIP vaccines include:
  - Hepatitis B vaccine (prevents liver disease and cancer),
  - Human papillomavirus (HPV) vaccine (prevents cancers), and
  - Meningococcal vaccines (prevents meningitis).
- See the [hepatitis B](#), [human papillomavirus \(HPV\)](#), and [meningococcal-quadrivalent](#) vaccine fact sheets for more information.

### **2. Can students still attend school without getting the SIP vaccines?**

- Under [Ontario's Immunization of School Pupil Act \(ISPA\)](#), all students are required to be up-to-date with the meningococcal vaccine or have a [valid exemption](#) to avoid school suspension.
- Hepatitis B and human papillomavirus (HPV) vaccines are highly recommended because they prevent cancers, but are voluntary for school attendance.

### **3. My child already received a meningococcal vaccine. Do they need another one?**

- There are two different meningococcal vaccines that are part of [Ontario's publicly funded immunization schedule](#). The meningococcal-C vaccine (Men-C-C) (trade names: Menjugate, NeisVac) is for children under 12 years of age, and is usually given at the age of one. The [Meningococcal-quadrivalent vaccine \(ACYW-135\)](#) (trade names: Menactra, Menveo, Nimenrix) is for students in grade 7 to 12, and is given through SIP.
- The [Meningococcal-quadrivalent vaccine \(ACYW-135\)](#) vaccine or a valid exemption is required for students 12 years of age and older to attend school, even if your child has already gotten a meningococcal-C (Men-C-C) vaccine.

### **4. Is it safe for my child to receive all three vaccines on the same day?**

- Yes, it is safe for your child to receive all three vaccines on the same day. The vaccines are safe, effective and well tolerated.

### **5. Who is eligible for the vaccines offered through the School Immunization Program?**

- Current students in grades 7 to 12 are eligible for the Meningococcal ACYW-135, hepatitis B and HPV vaccines regardless of their age.
- Visit our webpage for more details on [SIP vaccine eligibility](#).

## **6. How can my child get these vaccines? Do I need to book an appointment?**

- **School-based clinics:**

- TPH is holding SIP clinics for the 2023/2024 school year. These clinics are on-site, at schools, during school hours. No appointment is needed.
- All students in grade 7, and students in grade 8 who are behind on meningococcal, hepatitis B and human papillomavirus (HPV) vaccines, can get these vaccines at their school's vaccine clinics.
- Students and families are encouraged to check with their school or view upcoming clinic locations through the [SIP webpage](#).

## **7. My child did not get the SIP vaccines through a school-based clinic. Where can they get these vaccines?**

- Students in grades 7-12 who did not get all their SIP vaccines at a school-based clinic (for example, if they were or are a virtual learner, if they missed the clinic, or if a clinic was not offered at their school):
- **Make an appointment with your health care provider:**
  - Health care providers can [order vaccines](#) from TPH to vaccinate their eligible patients.
  - If you do not have a health care provider please contact [Health Care Connect](#) for information and assistance.
  - If your child receives a vaccine from their healthcare provider, please [report their vaccinations](#) to TPH. Health care providers do **not** do this for you.
- **If your child is uninsured:**
  - People who are not insured can reach out to a [Community Health Centre \(CHC\)](#) to receive health services. We recommend you call in advance to confirm vaccination services are available.
- For more information about where to get vaccinated, visit [Toronto.ca/immunization](https://toronto.ca/immunization)

## **8. Which schools will host a SIP clinic?**

- SIP clinics will operate at elementary and middle schools across Toronto.
- The schedule for SIP clinics can be found on our [webpage](#).

## **9. What are the hours for the clinics?**

- School clinics will be held on-site, during school hours. Information on when the clinic will run will be provided by your school.

## 10. Can students from other schools attend another school's clinic?

- No. These school-based clinics are offered during school hours, and therefore are only offered to students who attend the host school. These clinics are **not open** to the public.

## 11. How should parents/guardians and students prepare for the clinic?

- Review the [hepatitis B, human papillomavirus \(HPV\), and meningococcal vaccine pamphlet](#). For more information, you can also review the [hepatitis B, human papillomavirus \(HPV\)](#), and [meningococcal-quadrivalent](#) vaccine factsheets.
- Complete, sign and return the [School Immunization Consent Form](#):
  - Students in grade 7 were given the consent package to take home. For grade 7 students, complete and return the consent form, even if you do not want your child to be vaccinated.
  - Students in grade 8 were not given the consent package to take home. For grade 8 students, print off, complete and return the consent form **only** if you want your child to be vaccinated. You may also request a copy of the consent form from your child's school.
  - For more information about how to complete the consent form, please review the [SIP Checklist](#).
- On the day of the clinic, students should:
  - Eat a snack before the clinic and wear a short sleeve shirt.
  - Wear a [mask](#).

## 12. I do not know if my child has received these vaccines. How can I find out?

- In Ontario, these vaccines are usually given for free by public health to students in grade 7 and 8.
- Your child may have gotten one of these vaccines before, for example if you purchased the vaccine for them to travel or if they were vaccinated in another country.
- To find out if your child has received these vaccines, you can look at your child's yellow card or vaccination record.
- If you are unable to find your child's record, this information may be available through:
  - Your child's health care provider,
  - [Immunization Connect](#) (ICON), where you can access or report your child's immunization information, or
  - A TPH staff member such as a nurse can check if your child's record is on file; TPH will only have record of vaccines given by TPH.
- If you think your child may have already gotten these vaccines, complete the information on the consent form, or if possible, bring a copy of their immunization

records to the clinic. If the records are not in English, please provide a translated version.

- If you are unsure which vaccines your child needs, **please still sign and return your child's consent form**. TPH will determine if your child is up-to-date with their vaccinations or if additional doses are needed.

**13. Can parents/guardians select which vaccine(s) their child will receive?**

- Yes. Each vaccine is dosed separately, so parents/guardians can choose which of the vaccines their child will receive.
- On the consent form, check off “Yes” for each vaccine you give permission for your child to receive or “No” for the vaccines you do not give permission for your child to receive.
- For students in grade 7, **please still sign and return your child's consent form, even if you do not want your child to get vaccinated.**

**14. What are the common side effects of SIP vaccines?**

- The vaccines are safe, effective and well tolerated. Reactions are usually mild. Common side-effects include pain and redness where the vaccine was given, headache, fever, dizziness, nausea or feeling faint shortly after receiving the vaccine.
- In rare cases, serious allergic reactions such as trouble breathing, rash, swelling in the throat and face may occur.
- Allergic reactions can be treated and are usually temporary. Public health nurses will observe students for 15 minutes after vaccination for any reactions.
- There are no long-term side-effects or chronic medical conditions associated with these vaccines.

**15. Can students who have had a previous allergic reaction to a vaccine be immunized at this clinic?**

- No. Students who have had a serious allergic reaction to any vaccine in the past should contact their healthcare provider and should not receive a vaccine at the school clinic.

**16. I have more questions about the SIP vaccines. Who can I speak to?**

- You can speak to your child's primary health care provider.
- You can book an appointment with the Scarborough Health Network's VaxFacts+ Clinic to have a one-to-one phone consultation with a doctor. For more about this service, visit [SHN.ca/VaxFacts](https://shn.ca/VaxFacts). The telephone consultations are offered in more than 200 languages.

### **17. How do I report my child's immunizations to TPH?**

- Every time your child receives a vaccine from their health care provider or a public health unit outside of Ontario, report your child's vaccination(s) to TPH online through [Immunization Connect](#) (ICON).
- You do not need to report vaccines you/your child received from TPH (for example, at a [School Immunization Program](#) clinic. They are automatically recorded by public health.

Visit [Report Student Vaccination \(ISPA\)](#) for more information on submitting your child's vaccination information.

### **18. Will COVID-19 vaccines be offered at this clinic?**

- No. Only the SIP vaccines for grades 7 and 8 students (meningococcal ACYW135, hepatitis B and human papillomavirus vaccines) are being offered at these clinics.

### **19. Where can my child get vaccinated for COVID-19?**

- Parents/guardians can get their child vaccinated for COVID-19, including the pediatric COVID-19 vaccine, at some [pharmacies](#), and some family doctors.
- Visit [COVID-19: Vaccines for Infants, Children & Youth](#) to learn more about COVID-19 vaccines for children.
- For more information about where to get vaccinated, visit [Toronto.ca/immunization](https://toronto.ca/immunization)

### **20. Where can I find more information about SIP?**

- Please visit our [website](#) for more information on about SIP.
- For additional support, please call TPH: 8:30 a.m. – 4:30 p.m., Monday – Friday at 416-338-7600 or email [PublicHealth@toronto.ca](mailto:PublicHealth@toronto.ca)

### **21. How do I fill out the consent forms?**

- To see examples of complete and incomplete consent forms, please refer to the pages below.
- For more information about how to complete the consent form, please also review the [SIP Checklist](#)

**Sample A: Incomplete Consent Form**

 **Toronto** Public Health  
Vaccine Preventable Diseases Program

**CONSENT FORM**



**Step 1. Student Information**

Last Name Antonio			First Name Ochoa			Ontario Health Card #	Sex
First name in wrong section			Last name in wrong section				
Birth Year 2010	Month 01	Day 01	School TMS	Class or Teacher's Name 7A			
Please write full name of school				Please write teacher's name			
Parent / Legal Guardian Name (please print) Sofia Ochoa						Parent / Legal Guardian Phone Please write your phone number in case we need to contact you	

**Step 2. Student Vaccination History**

If the student has already received the following vaccine(s), please choose the trade name and provide date the vaccine was given	Date vaccine was given		
	DOSE 1	DOSE 2	DOSE 3
<b>1. Meningococcal-ACYW vaccine (special purchase e.g. for travel)</b> <input type="checkbox"/> Menactra® <input type="checkbox"/> Menveo™ <input type="checkbox"/> Nimenrix® yyyy/mm/dd			
<b>2. Human papillomavirus (HPV) vaccine (2 or 3 dose series)</b> <input type="checkbox"/> Gardasil® <input type="checkbox"/> Gardasil-9® <input type="checkbox"/> Cervarix® yyyy/mm/dd    yyyy/mm/dd    yyyy/mm/dd			
<b>3. Hepatitis B (or combination) vaccine (2, 3 or 4 dose series)</b> <input type="checkbox"/> Engerix®-B <input type="checkbox"/> Recombivax-HB® <input type="checkbox"/> Twinrix® Jr <input type="checkbox"/> Twinrix® <input type="checkbox"/> INFANRIX-hexa® yyyy/mm/dd    yyyy/mm/dd    yyyy/mm/dd			

**Step 3. Health History**

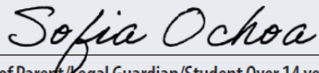
If "yes", explain

a) Is the student allergic to yeast, alum, latex, diphtheria or tetanus toxoid protein? Any other allergies?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b) Has the student ever had a reaction to a vaccine?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c) Does the student have a history of fainting?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Yes or No should be checked off
d) Does the student have a serious medical condition?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Yes or No should be checked off
e) Does the student have a weak immune system, or on a medication that weakens the immune system or increases the risk of infection?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

**Step 4. Consent for vaccination**

I have read the attached vaccine information. I understand the expected benefits and possible risks and side effects of the vaccines. I understand the possible risks of not getting vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health. This consent is valid for two years. I understand that I can withdraw my consent at any time. I understand that my child may receive up to three needles in one day.

<b>YES</b> I authorize Toronto Public Health to administer the following vaccines: Check <input checked="" type="checkbox"/> all the vaccines you give permission for the student to receive. Note: Toronto Public Health will review the student's vaccination history (see Step 2) and vaccinate only if the student requires it. Please put a checkmark next to the vaccines you give permission for your child to receive <input type="checkbox"/> meningococcal vaccine (1 dose) <input type="checkbox"/> human papillomavirus vaccine (2 or 3 doses) <input type="checkbox"/> hepatitis B vaccine (2 or 3 doses)		
<b>NO</b> I do not authorize Toronto Public Health to administer the following vaccines to the student: Check <input checked="" type="checkbox"/> for each vaccine you do not want the student to receive: Please put a checkmark next to the vaccines you <b>DO NOT</b> give permission for your child to receive <input type="checkbox"/> meningococcal vaccine <input type="checkbox"/> human papillomavirus vaccine <input type="checkbox"/> hepatitis B vaccine		


☒ Parent    ☐ Legal Guardian    Please write date when this form was signed  
 Signature of Parent/Legal Guardian/Student Over 14 years old    Relationship to Student    Date

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act. It is used to administer the TPH Vaccine Preventable Diseases (VPD) Program, including maintaining immunization records for students. For more information, visit <https://www.toronto.ca/community-people/health-wellness-care/information-practices-statement/> or contact 416-338-7600.

Sample B: Complete Consent Form



Step 1. Student Information

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

Step 2. Student Vaccination History

If the student has already received the following vaccine(s), please choose the trade name and provide date the vaccine was given	Date vaccine was given		
	DOSE 1	DOSE 2	DOSE 3
1. Meningococcal-ACYW vaccine (special purchase e.g. for travel) <input type="checkbox"/> Menactra® <input type="checkbox"/> Menveo™ <input type="checkbox"/> Nimenrix® _____ yyyy/mm/dd			
2. Human papillomavirus (HPV) vaccine (2 or 3 dose series) <input type="checkbox"/> Gardasil® <input type="checkbox"/> Gardasil-9® <input type="checkbox"/> Cervarix® _____ yyyy/mm/dd	_____ yyyy/mm/dd	_____ yyyy/mm/dd	_____ yyyy/mm/dd
3. Hepatitis B (or combination) vaccine (2, 3 or 4 dose series) <input checked="" type="checkbox"/> Engerix®-B <input type="checkbox"/> Recombivax-HB® <input type="checkbox"/> Twinrix®Jr <input type="checkbox"/> Twinrix® <input type="checkbox"/> INFANRIX-hexa® _____ yyyy/mm/dd	2011/01/01 _____ yyyy/mm/dd	2011/02/01 _____ yyyy/mm/dd	2011/07/01 _____ yyyy/mm/dd

Step 3. Health History

		If "yes", explain
a) Is the student allergic to yeast, alum, latex, diphtheria or tetanus toxoid protein? Any other allergies?	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Peanuts, Penicillin
b) Has the student ever had a reaction to a vaccine?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
c) Does the student have a history of fainting?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d) Does the student have a serious medical condition?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
e) Does the student have a weak immune system, or on a medication that weakens the immune system or increases the risk of infection?	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	

Step 4. Consent for vaccination

I have read the attached vaccine information. I understand the expected benefits and possible risks and side effects of the vaccines. I understand the possible risks of not getting vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health. This consent is valid for two years. I understand that I can withdraw my consent at any time. I understand that my child may receive up to three needles in one day.

<b>YES</b> I authorize Toronto Public Health to administer the following vaccines: Check <input checked="" type="checkbox"/> all the vaccines you give permission for the student to receive. Note: Toronto Public Health will review the student's vaccination history (see Step 2) and vaccinate only if the student requires it.		
<input checked="" type="checkbox"/> meningococcal vaccine (1 dose)	<input checked="" type="checkbox"/> human papillomavirus vaccine (2 or 3 doses)	<input type="checkbox"/> hepatitis B vaccine (2 or 3 doses)
<b>NO</b> I do not authorize Toronto Public Health to administer the following vaccines to the student: Check <input checked="" type="checkbox"/> for each vaccine you do not want the student to receive:		
<input type="checkbox"/> meningococcal vaccine	<input type="checkbox"/> human papillomavirus vaccine	<input checked="" type="checkbox"/> hepatitis B vaccine

X	<i>Sofia Ochoa</i>	<input checked="" type="checkbox"/> Parent <input type="checkbox"/> Legal Guardian	September 12, 2022
Signature of Parent/Legal Guardian/Student Over 14 years old		Relationship to Student	Date

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