

Age 14 – 16 School Immunization Program

Consent form for Tetanus, Diphtheria, and Pertussis (dTdap), and Meningococcal Group C Conjugate Vaccines

PLEASE READ THIS CAREFULLY

Dear Parent / Guardian

The Nova Scotia Department of Health offers two free vaccines for students age 14 – 16 across the province. These vaccines are being offered because the diseases they prevent can be serious.

Instructions for completing the form:

- 1 Read** the 2 information sheets before you sign the attached consent form. (The student or parent/guardian may sign the form.)
 - Each sheet explains a disease, or group of diseases, and a vaccine available for those diseases.
 - You should have one sheet on tetanus, diphtheria, and pertussis (dTdap), and one on meningococcal group C.
 - Read each sheet carefully so that you understand the benefits, risks, and possible reactions after vaccination.
- 2 Decide** what is appropriate for your child based on the information provided. Call your doctor or a public health nurse if you have questions.
- 3 Complete** sections 1 and 2 shown in white on the form.
- 4 Detach** this letter only and keep it.
- 5 Return** this consent form to the school (2 pages attached), even if you do not consent for your child to be vaccinated.

When will my child receive these vaccines?

Your child will receive both vaccines on the same day: one dose of meningococcal group C vaccine and one dose of tetanus, diphtheria and pertussis (dTdap) vaccine in separate syringes and at separate sites.

Will I be given a record of the vaccines being given to my child?

Yes. Your child will be given a copy of this form after they have been given the vaccines for which you (or they) gave consent. It is a good idea to keep it with their other health information.

Who do I call if I have questions about the school immunization program?

If you have any questions please contact your local Public Health Services office. See other side for contact information.

Public Health Offices in Nova Scotia

Amherst

18 South Albion Street
Phone: 667-3319 or
1-800-767-3319

Annapolis Royal

Annapolis Community
Health Centre
St. George Street
Phone: 532-2381

Antigonish

23 Bay Street
Phone: 863-2743

Arichat

14 Bay Street
Phone: 226-2944

Baddeck

30 Old Margaree Road
Phone: 295-2178

Berwick

Western Kings Memorial
Health Centre
Phone: 538-8782

Bridgewater

Suite 109
215 Dominion Street
Phone: 543-0850

Canso

Eastern Memorial Hospital
Phone: 366-2925

Cheticamp

15102 Cabot Trail
Phone: 224-2410

Dartmouth

Unit 4, 201 Brownlow Ave.
Phone: 481-5800

Digby

Digby General Hospital
67 Warwick Street
Phone: 245-2557

Elmsdale

East Hants Resource Centre
Suite 150
15 Commerce Court
Phone: 883-3500

Glace Bay

633 Main Street
Phone: 842-4050

Guysborough

Guysborough Hospital
Phone: 533-3502

Halifax

(see Dartmouth)

Head of Jeddore

Forest Hills Shopping
Centre
Phone: 889-2143

Inverness

Inverness Consolidated
Hospital
Phone: 258-1920

Liverpool

175 School Street
Phone: 354-5738

Lunenburg

14 High Street
Phone: 634-8730

Meteghan

Center Clare Health Centre
Phone: 645-2325

Middle Musquodoboit

492 Archibald Brook Road
Phone: 384-2370

Middleton

462 Main Street
Phone: 825-3385

Neil's Harbour

Buchanan Memorial
Community Health Centre
Phone: 336-2295

New Germany

#5246, Highway 10
Phone: 644-2710

New Glasgow

825 East River Road
Phone: 752-5151

New Waterford

New Waterford Hospital
Phone: 862-2204

Port Hawkesbury

708 Reeves Street
Phone: 625-1693

St Peter's

Phone: 1-888-272-0096
(Voice mail only)

Sheet Harbour

Eastern Shore Memorial
Hospital
Phone: 885-2470

Shelburne

Roseway Hospital
Phone: 875-2623

Sherbrooke

St. Mary's Hospital
Phone: 522-2212

Sydney

235 Townsend Street
Phone: 563-2400

Sydney Mines

7 Fraser Avenue
Phone: 736-6245

Truro

201 Willow Street
Phone: 893-5820

Windsor

Windsor Mall
264 Belmont Road
Phone: 798-2264

Wolfville

23 Earncliffe Avenue
Phone: 542-6310

Yarmouth

60 Vancouver Street
Phone: 742-7141

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Please print firmly with a ballpoint pen; you are making 2 copies.

Section 1: STUDENT'S PERSONAL INFORMATION

Student's Full Name _____			Parent / Guardian's Name _____		
Home Phone # _____		Work or Alternate Phone # _____		Doctor's Name _____	
School Name _____				Teacher's Name and Room Number _____	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Year		Month	Day	M	F
Date of Birth			Sex		Health Card Number _____

Does your child have any serious or life-threatening allergies? List them here:

Section 2: STUDENT, PARENT or GUARDIAN CONSENT

I have read the information sheets provided on two vaccines, and I understand the benefits, risks, and possible reactions after vaccination with meningococcal group C conjugate, and tetanus, diphtheria, and pertussis vaccines. I consent for my child to receive the following vaccines: (Please check either yes or no for **both** vaccines.)

	Yes	No	If "No," please give reason. If already immunized, please provide dates.
Meningococcal group C vaccine (1 dose)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Tetanus, diphtheria, & pertussis (dTap) (1 dose)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature: (Student or Parent/Guardian) _____ Date of Signature: _____

Students age 14-16 can give consent for immunization.
This consent is valid for the time needed to give both vaccines unless cancelled in writing.

Public Health Use Only

Meningococcal group C conjugate: Vaccine Name: _____

1 Dose: _____ Site: Rt Lt Lot # _____ Date: _____ Signature: _____

Tetanus, diphtheria and pertussis (dTap): Vaccine Name: _____

1 Dose: _____ Site: Rt Lt Lot # _____ Date: _____ Signature: _____