

# Grade 4 School Immunization Program

## Consent form for Hepatitis B, Meningococcal Group C Conjugate, and Varicella (Chickenpox) Vaccines

### PLEASE READ THIS CAREFULLY

#### Dear Parent / Guardian

The Nova Scotia Department of Health offers three free vaccines for students in grade 4 across the province. These vaccines are being offered because the diseases they prevent can be serious.

#### Instructions for completing the form:

- 1 Read** the 3 information sheets before you sign the attached consent form.
  - Each sheet explains a disease and a vaccine available for that disease.
  - You should have one sheet on hepatitis B, one on meningococcal group C, and one on varicella (chickenpox).
  - 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 yellow on the form.
- 4 Detach** this letter only and keep it.
- 5 Return** this consent form to the school (all 3 pages attached), even if you do not consent for your child to be vaccinated.

#### When will my child receive these vaccines?

Note: 3 vaccines will be given at 3 different times:

- 1st date:** your child will receive their first dose of hepatitis B vaccine only.
- 2nd date:** your child will receive their second dose of hepatitis B vaccine and one dose of meningococcal group C vaccine in separate syringes and at separate sites.
- 3rd date:** your child will receive their third dose of hepatitis B vaccine and one dose of varicella vaccine (if needed) 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 all of the vaccines for which you 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 Earnscliffe Avenue  
Phone: 542-6310

**Yarmouth**

60 Vancouver Street  
Phone: 742-7141

# Grade 4 School Immunization Program

## Consent form for Hepatitis B, Meningococcal Group C Conjugate, and Varicella (Chickenpox) Vaccines

Please print firmly with a ballpoint pen; you are making 3 copies.

### Section 1: CHILD'S PERSONAL INFORMATION

Child'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"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year	Month	Day
Date of Birth		Sex
	M F	

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

### Section 2: PARENT or GUARDIAN CONSENT

I have read the information sheets provided on all three vaccines, and I understand the benefits, risks, and possible reactions after vaccination with hepatitis B, meningococcal group C conjugate, and varicella (chickenpox) vaccines. I consent for my child to receive the following vaccines: (Please check either yes or no for all three vaccines.)

	Yes	No	If "No," please give reason. If already immunized, please provide dates.
Varicella (Chickenpox) vaccine (1 dose)	<input type="checkbox"/>	<input type="checkbox"/>	_____
			(Check "no" to varicella vaccine if your child already had chickenpox or previously received a dose of varicella vaccine.)
Meningococcal group C vaccine (1 dose)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Hepatitis B vaccine (3 doses)	<input type="checkbox"/>	<input type="checkbox"/>	_____

Signature: (Parent or Guardian) \_\_\_\_\_ Date of Signature: \_\_\_\_\_

This consent is valid for the time needed to give all doses of all three vaccines unless cancelled in writing.

### Public Health Use Only

**Hepatitis B:** Vaccine Name: \_\_\_\_\_

1st Dose: \_\_\_\_\_ Site: Rt Lt Lot # \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

2nd Dose: \_\_\_\_\_ Site: Rt Lt Lot # \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

3rd Dose: \_\_\_\_\_ Site: Rt Lt Lot # \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Meningococcal group C conjugate:** Vaccine Name: \_\_\_\_\_

1 Dose: \_\_\_\_\_ Site: Rt Lt Lot # \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**Varicella:** Vaccine Name: \_\_\_\_\_

1 Dose: \_\_\_\_\_ Site: Rt Lt Lot # \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_