CONSENT FOR GRADE 9 IMMUNIZATIONS

MENINGOCOCCAL (Men-C-ACYW-135) VACCINE

PLEASE COMPLETE SECTIONS 1 AND 2

SECTION 1 : STUDENT'S PERSONAL INFORMATION

SCHOOL		GRADE	TEACHER (HOMEROOM)	
LAST NAME		FIRST NAME		GOES BY
DATE OF BIRTH (YYYY/MM/DD)	BIRTH GENDER ☐ M ☐ F	IDENTIFIES AS ☐ M ☐ F ☐ X	MEDICARE #	NAME OF PARENT / LEGAL GUARDIAN
DAYTIME PHONE (work or home)	OTHER DAYTIME PHONE			PARENT'S / LEGAL GUARDIAN'S EMAIL

ALERT

DOES YOUR CHILD HAVE ALLERGIES? ☐ NO ☐YES*
*IF YES, TO WHAT AND WHAT TYPE OF REACTION:

DOES YOUR CHILD HAVE A HEALTH PROBLEM? ☐NO ☐YES*
*PLEASE EXPLAIN:

DOES YOUR CHILD TAKE ANY MEDICATIONS? ☐ NO ☐YES*
*PLEASE LIST:

SECTION 2 : PARENT / LEGAL GUARDIAN CONSENT

Check YES or NO, sign and date.

Your signature will confirm the following:

- I have read the information I was given on the Meningococcal (Men-C-ACYW-135) vaccine.
- I understand the benefits and possible reaction(s) for the vaccine and the risk of not getting vaccinated.

If you have any questions, please call your local Public Health office.

Meningococcal (Men-C-ACYW-135) Vaccine – 1 dose

☐YES, vaccinate my child.
☐NO, do not vaccinate my child.
If no, please specify:

Signature of parent/legal guardian	**Date (YYYY/MM/DD)**

FOR PUBLIC HEALTH NURSE USE ONLY

SECTION 3: TO BE COMPLETED BY PUBLIC HEALTH NURSE

Meningococcal (Men-C-ACYW-135)	**Lot #**	**Site**	**Route**	**Dosage**	**Date (YYYY/MM/DD)**	**Time**	**Signature**
☐ NIMENRIX ☐ MENACTRA ☐ MENVEO		☐ Right arm ☐ Left arm	IM	0.5 mL			

SECTION 4: PERSONAL IMMUNIZATION RECORD

This section is to be completed by the Public Health Nurse. **This immunization record will be given to your child after their immunization. Please keep this record with your child's personal health files.**

Meningococcal (Men-C-ACYW-135) Vaccine

STUDENT'S NAME	
DOB (YYYY / MM / DD)	MEDICARE #
NAME OF VACCINE: ☐NIMENRIX ☐ MENACTRA ☐ MENVEO	DATE (YYYY / MM / DD) TIME
NURSE'S SIGNATURE	

The personal health information provided here is collected and used by New Brunswick Public Health within the Public Health Information System (PHIS) for the purposes of delivering immunizations, and to prevent, investigate and manage outbreaks of vaccine preventable disease. Your personal health information is processed in accordance with the *Personal Health Information Privacy and Access Act*.

2024, August