

Subject: Grade 9 vaccination program.

Dear parents and students,

The following is to inform you about the upcoming school vaccination program. In Quebec, the legal age for consent to a treatment is 14 years of age and therefore your child, if aged 14 years or older, can consent to his/her vaccination.

The vaccination will be held at the school on OCTOBER 4TH, 2018

Please bring your vaccination booklet, wear a short sleeved shirt and eat a good breakfast.

A follow up session will be held on April 4TH, 2019 for students who were absent or who are missing additional vaccines.

Tetanus vaccine

In Grade 9, a dose of the Tdap vaccine (which protects against diphtheria, pertussis and tetanus) is provided to all students. Even if your child received a vaccine against diphtheria and tetanus (d2T5) over the past five years, (for example as a result of an injury, a bite or a trip). Tdap is recommended to protect them against pertussis(whooping cough).

Meningitis vaccine

A vaccine (one dose) against meningococcal serogroup C infections will be available to all grade nine students. The meningococcus is a bacterium that can cause severe infections such as meningitis or blood infections. The purpose of this addition to the immunization program is to maintain individual and collective protection.

Human Papilloma Virus vaccine (HPV-NOW AVAILABLE FOR BOYS)

According to the study conducted by the Health Agency of Quebec, girls who received two doses of HPV vaccine in grade four are adequately protected and therefore do not require an additional dose. The vaccine against HPV will be offered to BOYS and GIRLS who did not receive the vaccine or have not completed the required doses. *According to the most recent update of Quebec Immunization Protocol (June 2018), the protection against HPV includes 1 dose of Gardasil 9 (HPV-9) and 1 dose of Cervarix (HPV-2) with six months interval.*

In addition, the nurse will check your child's vaccination booklet to ensure that he/she has received all the appropriate vaccines for the following: diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, varicella (chicken pox), hepatitis A & B and HPV.

- **Please fill out the front page of the authorization form. Please fill out the information even if you refuse the vaccination.**
- **Please hand in the authorization form as soon as possible in the "Grade 9 Vaccination" box at reception.**
- **On the day of vaccination, please bring in your vaccination booklet, even if you refuse vaccination, so the nurses can update your vaccination status in the provincial vaccination registry.**
- **Be assured that nurses on site will be verifying the vaccination status and will only be giving the necessary vaccines recommended by public health.**

For more information on these vaccines and vaccination in general, here are a few helpful Websites;

- Ministry of Health and Social Services: www.msss.gouv.qc.ca/sujets/santepub/vaccination/index.php?accueil
- Public Health Agency of Canada: www.phac-aspc.gc.ca/std-mts/faq-fra.php#vph
- Society of Obstetricians- Gynecologists of Canada : www.infovph.ca/

Thank you for your cooperation. Please do not hesitate to contact me with any questions.

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VACCINATION CONSENT FORM
LINDSAY PLACE HIGH SCHOOL 2018-2019

Please complete section 1-2 and 3.

SIPMI :

SIC:

1. IDENTIFICATION OF THE PERSON BEING VACCINATED (BLOCK LETTERS)

Last Name		First Name		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Date of birth ____/____/____ Year month day			Age ____
Medicare Card Number				Exp. Date ____/____ Year month				
Address			City		Country of birth		Postal code	
Mother's Last Name		Mother's First Name		Telephone: Cell phone:				
Father's Last Name		Father's First Name		Telephone: Cell phone:				

2. CONSENT

To the student or parent / legal guardian (if the student is under 14 years old) please read the following information to accept or refuse the vaccination and **return the form to the school nurse.**

CONSENT FOR VACCINATION:

- ▶ **Tdap** Against **tetanus, diphtheria, and pertussis** I consent I refuse
1 dose every 5 to 10 years

- ▶ **Meningitis** Against **meningitis** groupe C I consent I refuse
1 dose after the age of 10

- ▶ **HPV** Against the **human papilloma virus** I consent I refuse
* Now available for boys *
Previous protection possible (grade 4),
If already received, specify the dates:

Dates : _____

- ▶ **Others vaccines** Evaluation and possible update I consent I refuse
of vaccination according to
the Quebec Immunization Protocol:
Hepatitis A & B, Measles, Mumps, Rubella,
Chickenpox, Polio.

Signature of the person being vaccinated
(14 years old and over) or parent

Year month day

3. MEDICAL INFORMATION OF THE PERSON BEING VACCINATED

1. Have you ever had a severe allergic reaction to a medication or a vaccine in the past? If yes, please describe: _____ yes no
2. Do you have a compromised immune system (leukemia, chemotherapy, etc) yes no
3. Have you receive an injection of immunoglobulins in the last 10 months? yes no
4. Have you ever had the chickenpox disease? If yes, at what age? _____ yes no

