



PUBLIC HEALTH AND  
EMERGENCY SERVICES  
Infectious Diseases  
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## School Immunization Consent Form

During the COVID-19 pandemic, Grade 7 vaccination clinics at schools were interrupted. To catch up on immunizations, Public Health will offer the Meningococcal vaccine (Men-C-ACYW) to Grade 8 students. The COVID-19 vaccine will also be available.

If your child has already received the Meningococcal vaccine (Men-C-ACYW) at age 12 + they will not need the vaccine when we visit their school.

These clinics are specifically to assist those who are due/overdue for this vaccine.

Although Hepatitis B and Human Papillomavirus (HPV) are usually offered in grade 7, these two vaccines will not be available during our school visit.

We are working with the schools to schedule visits during the months of February and March. You will be notified the clinic date at your child's school once it is confirmed.

We ask that you please fill out the online consent form for us to provide these immunizations.

Please take an opportunity to read the information about the Meningococcal and COVID-19 vaccines, and discuss with your child.

<https://www.regionofwaterloo.ca/en/health-and-wellness/meningitis.aspx>

[Men-C-ACYW Vaccine Fact Sheet.pdf](#)

[COVID-19-Vaccine-Making-An-Informed-Choice.pdf](#)

If you need to update your child's immunization records - please use:

<https://rowph.icon.ehealthontario.ca/#!/welcome>

You can also email the updated records to: [immunizationservices@regionofwaterloo.ca](mailto:immunizationservices@regionofwaterloo.ca)

A parent/guardian who wishes to submit an exemption must complete an appropriate exemption form and submit it to Public Health. Please visit our website to learn more

<https://www.regionofwaterloo.ca/en/health-and-wellness/immunizations-and-vaccines.aspx#GRADE712>

If you have any questions or concerns, please email [schoolcatchup@regionofwaterloo.ca](mailto:schoolcatchup@regionofwaterloo.ca) or leave a voicemail at 519-575-4400 ext.3029

**\*Student's Last Name:**

**\*Student's First Name:**

**\*Student's Date of Birth**

**\*Parent/Guardian primary phone number:**

**\*Address:**

**\*Postal code:**

**\*Name of student's school:**

**\*Home Room name/number (e.g 8A)**

I have read the Meningococcal vaccine fact sheet. I understand that Region of Waterloo Public Health collects personal health information pursuant to the Personal Health Information Protection Act 2004, S.O. 2004, c. 3, Sched. A, to administer its Vaccine Preventable Diseases Program. I understand the expected benefits and possible risks and side effects of the Meningococcal vaccine. I understand that I can withdraw my consent at any time. To withdraw consent, please use the withdraw form.

Yes, please vaccinate my child with the Meningococcal A, C, Y and W135 vaccine, if eligible.

I have read the COVID-19 vaccine fact sheet. I understand that Region of Waterloo Public Health collects personal health information pursuant to the Personal Health Information Protection Act 2004, S.O. 2004, c. 3, Sched. A, to administer its Vaccine Preventable Diseases Program. I understand the expected benefits and possible risks and side effects of the COVID-19 vaccine. I understand that I can withdraw my consent at any time. To withdraw consent, please use the withdraw form.

Yes, please vaccinate my child with the COVID-19 vaccine, if eligible.

**\*Relationship to student:**

**\*Signature of Parent/Guardian:** \_\_\_\_\_