

Dear Parents and Grade 9 Students,

In BC, most of meningococcal C infections occur in teenagers and young adults. **A meningococcal C vaccine was offered to your child in Grade 6.**

With your written permission, or mature minor consent from your child (See “Important Message” on the back of pamphlet), a public health nurse will give your grade 9 student one shot of meningococcal C vaccine at school **if your child has not yet received this vaccine.**

Facts about Meningococcal Infection

- The most serious problems caused by meningococcal bacteria are meningitis (an infection that affects the lining of the brain) and septicemia (an infection of the blood).
- The infection is spread to others through direct contact with droplets from the nose and saliva from the throat of an infected person. This can occur through activities such as kissing, or sharing of food, drinks, cigarettes, joints, crack pipes, lipsticks, mouth guards used for sports, water bottles, or mouthpieces of musical instruments.
- Students living in a residence or dormitory accommodations are also at risk for meningococcal infection because of the close living arrangements.

- The first signs of meningococcal infection are much like the flu. They include fever, headache, nausea, vomiting, and feeling unwell. These symptoms are usually worse than those for the flu, and move quickly to a bad headache, stiff neck, and/or a reddish-purple, tiny, bruise-like skin rash. People with sudden onset of these symptoms should see a doctor right away.
- Good personal hygiene can help prevent meningococcal infection; this includes frequent hand washing and not sharing any item that may have saliva on it.

Possible Vaccine Reactions

Minor reactions such as tenderness, redness, or swelling may occur at the injection site. Fever, chills, mild headache, and fatigue may also occur within the first 24 hours after the shot. These reactions are mild and short lasting.

More serious reactions such as severe pain, or swelling are very rare and should be reported to your local health unit.

With any vaccine or drug there is a chance of a shock-like allergic reaction (anaphylaxis). This can be hives, wheezy breathing, or swelling of some part of the body. If this happens, particularly swelling around the throat get to your family doctor or hospital emergency right away. Please also report such reactions to the health unit.

See back of pamphlet for an important message before signing this consent.

Date Meningococcal C Immunization Given
 After immunization, this section will be returned to you for your personal health files.

Student Name _____

Birth Date _____ (YYYY/MM/DD)

Meningococcal C Vaccine – Office Use Only

IMMUNIZATION DATE

TO BE DETACHED BY PUBLIC HEALTH NURSE

Request for Meningococcal C Immunization – Consent Form

Student Name _____ Birth Date _____ YYYY/MM/DD

Personal Health Number (CareCard Number) _____

School _____ Grade _____

Phone Number (____) _____

I have read or had explained to me the information on the vaccine and I believe I understand the benefits, risks, contraindications and side effects. I have had the opportunity to ask questions that were answered to my satisfaction.

Date _____ Signature _____ (PARENT/GUARDIAN OR STUDENT)

This consent is valid for one year from the date of signature unless cancelled in writing. It is recommended that parents and students discuss this consent for immunization.

Meningococcal C Vaccine – Office Use Only

DATE (YYYY/MM/DD)	Site	RA <input type="checkbox"/>	LA <input type="checkbox"/>	PROVIDER
		LOT #		

(Please sign and detach the entire Consent Form portion of this pamphlet and return it to the school)

Vancouver Coastal Health
5th Floor 132 West Esplanade
North Vancouver, BC V7M 1A2
604-983-6700

PLEASE SIGN, DETACH AND RETURN THE ENTIRE CONSENT FORM TO THE SCHOOL.

The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this personal information contact your local public health nurse.

Important Message

If you have any questions call your school nurse at 604-983-6700.

It is important to discuss the following with your public health nurse before getting the vaccine:

- If you have a current moderate to severe acute illness, the public health nurse will delay the meningococcal vaccine.
- If you have had a shock-like allergic reaction (anaphylaxis) to a prior dose of a meningococcal vaccine, or to any component of the Meningococcal C vaccine the vaccine will not be given.

MATURE MINOR CONSENT

While every effort is made to seek parent/guardian consent prior to immunization, children under age 19 who are able to understand the benefits and risks of specific immunizations may consent or refuse each immunization regardless of the parental/guardian wishes.

Appropriate steps are taken to avoid peer influence in these decisions. Parents/guardians and their minor children are advised to discuss consent issues.

Nov 2006



Meningococcal C Immunization Program For Grade 9 Students

INFORMATION ABOUT THE MENINGOCOCCAL C SHOT

Please return this consent form to the school right away.

If you do NOT wish to be immunized, print your name and the word “Refused” and return the consent form to the school.