

HUMAN PAPILLOMAVIRUS (HPV) Grade 8 Vaccination Program Consent Form



Region of Waterloo
PUBLIC HEALTH

What is Human Papillomavirus (HPV)?

HPV is a common virus that can lead to genital warts and cancers of the cervix, oral cavity and genital tract. There are over 100 HPV strains. In Canada, strains 16 and 18 cause 70 per cent of cervical cancer cases. Strains 6 and 11 cause 90 per cent of genital warts.

An estimated 75 per cent of Canadians will get HPV infection in their lifetime. The body's immune system usually gets rid of the virus on its own. In some people, the virus can lead to genital warts and/or cervical cancer. There are about 400 deaths in Canada each year from cervical cancer.

How is HPV spread?

HPV is most commonly spread during sexual activity by skin to skin contact with an infected person.

What are the symptoms of HPV?

Most people never get symptoms and may not know they have been infected with HPV. They still carry the virus and can infect others.

When someone gets infected, they can develop genital warts, which are usually painless but may be itchy and uncomfortable and difficult to get rid of.

Cell changes that can lead to cervical cancer typically cause no symptoms. The only way to detect cell changes is by having a regular Pap test. Pap tests are recommended for females starting at age 21.

This vaccine does not prevent other infections.

How can I protect myself from getting HPV?

- Get immunized. A vaccine named Gardasil® is now available. The vaccine can prevent infection against four strains of the HPV virus—strains 6, 11, 16 and 18. The vaccine is almost 100 per cent effective against the four HPV strains in the vaccine.
- **Three doses** of the HPV vaccine are required for protection. The three dose series is scheduled within one year.
- The provincial government is funding the HPV vaccine at no cost to all females in Grades 8–12.
- Region of Waterloo Public Health offers HPV vaccine to Grade 8 girls through school-based vaccination programs.
- If you miss the vaccine clinics in grade 8, are in high school and would like the vaccine, please call Region of Waterloo Public Health for an appointment at 519-575-4400.
- All other females aged 9–45 can see their doctor and purchase the vaccine. The three dose series may cost \$400–500. Some health insurance plans may cover the cost of the vaccine.

Are there side effects from the HPV vaccine?

The risk of the vaccine causing serious harm is minimal. All the components of the vaccine have been found to be very safe. The most common side effect is soreness and redness at the site of the injection, and a mild fever for 1–2 days. More severe side effects such as high fever, trouble breathing, hives, and convulsions are extremely rare.

If serious side effects occur, see your doctor right away or go directly to the hospital.

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Consent for HUMAN PAPILLOMAVIRUS (HPV) Vaccination

(Read information attached, complete consent portion, detach and return to school within two days)

Student Information

Last Name:	First Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Birth Date (YYYYMMDD): / /	Home#:	Age:
Address:	Alternate#:	Postal Code:
Name of School Facility:	Room #:	Ontario Health Card # (optional):

Consent for Immunization (check one option and sign below)

I have read the attached HPV vaccine fact sheet. I understand Region of Waterloo Public Health collects personal health information to administer its Vaccine Preventable Diseases Program. I understand the expected benefits and possible risks and side effects of the HPV vaccine. I understand the possible risks to my daughter if she is not vaccinated. I have had the opportunity to have my questions answered. I consent to the following option for my daughter. I understand that I can withdraw my consent at any time. To withdraw consent, contact Region of Waterloo Public Health at 519-575-4400.

Yes, please vaccinate my daughter with three doses of HPV vaccine.

No, do not vaccinate my daughter with the HPV vaccine. I understand the possible risks to my daughter if she is not vaccinated.

My daughter has received one or more doses of HPV vaccine. Please vaccinate my daughter to complete the three dose series (if needed) to be fully immunized.

Parents and Guardians – Please check the vaccine given and list dates (if known): Gardasil® Cervarix®

Date of first dose:	Date of second dose:	Date of third dose:
Parent/Legal Guardian Signature: X		
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian		

