

Dear Parent/Guardian,

We are pleased to offer vaccine clinics again this year at Hamilton's Public, Catholic and Christian high schools. This process is designed to help catch up students with missed vaccines prior to the suspension process.

Please see the table below for more information regarding the scheduled clinic dates. Schools will also remind students about their upcoming vaccine clinic date.

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|-----------------------|---------|
| Ancaster High | Feb. 3 |
| Bishop Ryan | Feb. 4 |
| St. Thomas More | Feb. 5 |
| St. Jean de Brébeuf | Feb. 6 |
| Bernie Custis | Feb. 7 |
| Bishop Tonnos | Feb. 10 |
| St. John Henry Newman | Feb. 10 |

| | |
|------------------------|---------|
| Sir Allan MacNab | Feb. 11 |
| Dundas Valley | Feb. 12 |
| Guido de Brès | Feb. 12 |
| St. Mary | Feb. 13 |
| Westmount | Feb. 13 |
| Westdale | Feb. 14 |
| Nora Frances Henderson | Feb. 18 |

| | |
|-----------------------|---------|
| Sir Winston Churchill | Feb. 18 |
| Cathedral | Feb. 19 |
| Saltfleet | Feb. 19 |
| Waterdown | Feb. 20 |
| Sherwood | Feb. 20 |
| Glendale | Feb. 21 |
| Orchard Park | Feb. 21 |

Nurses will assess your child's immunization record on the clinic day and provide any overdue vaccines that are required by the Immunization of School Pupils Act (ISPA) (1991). Prior to receiving vaccines, students will be asked to complete a consent form as per the Consent to Treatment Act (1992).

If you choose to have your child vaccinated by another health care provider, please update their vaccine record with Hamilton Public Health (see letter for reporting options and missing IPSA vaccinations).

To opt your child out of receiving vaccines at the school, please:

1. Complete the bottom of this form and fax it to Hamilton Public Health Vaccine Program (fax: 905-546-4841) at least 2 business days prior to the school clinics, or
2. Call 905-546-2424 ext. 7556 to speak with a nurse, or
3. Instruct your child to not attend the school vaccine clinic

On the day of clinic, please ask your child to wear a short sleeve t-shirt.

Thank you,



Julie Prieto, RN, BScN
 Vaccine Program Manager

I, _____, do not want my child, _____, to receive
(name of parent/guardian) (name of student)

vaccines at the _____ school clinic.
(name of school and grade)