

AUTORISATION PARENTALE POUR LA VACCINATION
CONTRE LES PAPILLOMAVIRUS HUMAINS (HPV) ET/OU CONTRE LES MÉNINGITES À MÉNINGOCOQUES ACWY
PARENTAL AUTHORISATION FOR VACCINATION AGAINST HUMAN PAPILLOMAVIRUS (HPV) AND/OR AGAINST MENINGOCOCCAL MENINGITIS ACWY

Q Ce formulaire est très simple, rapide à remplir et très important !
This form is very simple, quick to complete, and extremely important!



Vous pouvez aussi remplir cette autorisation en ligne (cf. modalités au verso de cette page)

(Des informations sur la séance de vaccination et les vaccins figurent au verso de cette page)

You can also complete this authorisation online (see details on the back of this page)

(Information about the vaccination session and the vaccines can be found on the back of this page)

Nom de l'enfant / Child's surname : _____ Prénom de l'enfant / Child's first name : _____

Date de naissance / Date of birth : ____/____/____ Sexe / Sex : ☐ F / G ☐ G / B

Nom du collège / Name of the middle school : _____ Commune du collège / Municipality of the middle school : _____

	Parent / Responsable légal 1 Parent / Legal guardian 1	Parent / Responsable légal 2 Parent / Legal guardian 2
Nom – Prénom / Surname - First name		
Téléphone portable / Mobile phone		
Numéro de sécurité sociale ¹ Social security number ¹	□ □ □ □ □ □ □ □	□ □ □ □ □ □ □ □
Régime de sécurité sociale Social security scheme	☐ CPAM ☐ MSA ☐ MGEN ☐ Autre / Other : _____	☐ CPAM ☐ MSA ☐ MGEN ☐ Autre / Other : _____
Ces informations figurent sur l'attestation de droits de l'enfant ou du/des parent(s) auquel(s) il est rattaché. Celle-ci est disponible sur le compte Ameli : https://www.ameli.fr/assure/attestation-droits. Vous pouvez, si vous le souhaitez, joindre cette attestation au formulaire d'autorisation parentale afin de faciliter les démarches. This information appears on the child's social security certificate or that of the parent(s) to whom the child is attached. It is available on the Ameli account: https://www.ameli.fr/assure/attestation-droits. If you wish, you can attach this certificate to the parental authorisation form to make the process easier.		

Je soussigné(e), / I, the undersigned, _____

☐ autorise le centre de vaccination à vacciner **contre les infections HPV** l'enfant ci-dessus désigné. / authorise the vaccination centre to vaccinate the child named above **against HPV infections**.

☐ autorise le centre de vaccination à vacciner **contre les méningites à méningocoque ACWY** l'enfant ci-dessus désigné. / authorise the vaccination centre to vaccinate the child named above **against meningococcal ACWY meningitis**.

La vaccination contre les HPV nécessite 2 doses espacées entre 5 et 13 mois, lorsqu'elle est réalisée entre 11 et 14 ans. Celle contre les méningocoques ACWY nécessite une seule dose. La spécialité vaccinale est choisie par l'équipe médicale.

HPV vaccination requires 2 doses spaced between 5 and 13 months apart, when carried out between the ages of 11 and 14. Vaccination against meningococcal ACWY requires a single dose. The vaccine product is selected by the medical team.

☐ m'engage à fournir le carnet de santé à mon enfant le jour de la vaccination, sans quoi la vaccination ne pourra pas être réalisée. / undertake to provide my child's health record on the day of vaccination, otherwise, the vaccination cannot be carried out.

☐ atteste ne pas être en capacité de présenter le carnet de santé (perte...) et ne pas avoir fait vacciner mon enfant préalablement pour les vaccinations demandées. / I confirm that I am unable to provide the health record (lost, etc.) and that my child has not previously received the requested vaccinations.

☐ n'autorise pas le centre de vaccination à vacciner **contre les infections HPV** l'enfant ci-dessus désigné. / do not authorise the vaccination centre to vaccinate the child named above **against HPV**.

Si l'enfant a déjà bénéficié d'une vaccination contre les HPV (nom du vaccin : Gardasil9®), merci de préciser la ou les dates :

If the child has already been vaccinated against HPV (vaccine name: Gardasil9®), please indicate the dates:

Date de la Dose 1 / Date of Dose 1 ____/____/____ Date de la Dose 2 / Date of Dose 2 ____/____/____

☐ n'autorise pas le centre de vaccination à vacciner **contre les méningites à méningocoque ACWY** l'enfant ci-dessus désigné. / do not authorise the vaccination centre to vaccinate the child named above **against meningococcal ACWY meningitis**.

Si l'enfant a déjà bénéficié d'une vaccination contre les méningites à méningocoque ACWY (nom des vaccins : Nimenrix, MenQuadfi, Menvéo), merci de préciser la date

If the child has already received a vaccination against meningococcal ACWY meningitis (vaccine names: Nimenrix, MenQuadfi, Menveo), please specify the date:

Date de la Dose / Date of the dose ____/____/____

Date / Date : ____/____/20____

En cas de signature électronique, le parent/responsable légal signataire, déclare sur l'honneur que l'autre parent/responsable légal a donné son autorisation. En cas de signature sur papier, les deux parents/responsables légaux doivent signer.

In the case of an electronic signature, the signatory parent/legal guardian declares on their honour that the other parent/legal guardian has given their consent. If signing on paper, both parents/legal guardians must sign

Signature Parent/Responsable légal 1 / Signature of sole Parent/Legal guardian 1 : _____

Signature Parent/Responsable légal 2 / Signature of sole Parent/Legal guardian 2 : _____

À compléter en cas de signature d'un seul responsable légal² / To be completed if signed by a single legal guardian² :

☐ Je déclare être le seul responsable légal de l'enfant ci-dessus désigné. / I declare that I am the sole legal guardian of the child named above.

☐ Je déclare sur l'honneur que le second responsable légal de l'enfant : Monsieur, Madame _____, est matériellement empêché de signer le présent formulaire mais a donné son autorisation pour la vaccination contre les HPV et /ou contre les méningocoques ACWY² / I declare on my honour that the child's second legal guardian: Mr, Ms _____, is physically unable to sign this form but has given his or her authorisation for the vaccination against HPV² and/or against meningococcal ACWY² meningitis

Date / Date : ____/____/20____

Signature du seul Parent/Responsable légal / Signature of sole Parent/Legal guardian : _____

¹ Le cas échéant, indiquer le numéro Aide médicale de l'État (numéro de sécurité sociale temporaire). / If applicable, indicate the AME state aid number (temporary social security number).

² La vaccination des mineurs nécessite l'autorisation des deux titulaires de l'autorité parentale. Ainsi, en cas de signature d'un seul parent pour cause d'impossibilité matérielle de signer pour l'autre parent, le signataire s'engage sur l'honneur à ce que la personne co-titulaire de l'autorité parentale ait donné son autorisation. Toute déclaration ou information qui s'avérerait inexacte ou falsifiée, engage sa seule responsabilité et pourra être punie d'un an d'emprisonnement et de 15 000 euros d'amende (article 441-7 du code pénal). / The vaccination of minors requires the authorisation of both holders of parental authority. Thus, if only one parent signs because it is physically impossible for the other parent to sign, the signatory undertakes on his or her honour to ensure that the person with joint parental authority has given his or her consent. Any declaration or information found to be inaccurate or falsified is the sole responsibility of the signatory and may be punishable by one year of imprisonment and a fine of 15,000 euros (Article 441-7 of the Penal Code).

AUTORISATION PARENTALE EN LIGNE ONLINE PARENTAL AUTHORISATION

En scannant le QR code ci-dessous / By scanning the QR code below :



Les parents qui le souhaitent
peuvent remplir cette autorisation
en ligne / Parents who so wish can fill in the authorisation
online :



Ou en se connectant sur le site suivant / **Or** by going to the website below:
https://www.bretagne.ars.sante.fr/HPV_MenACWY

INFORMATIONS SUR LE VACCIN CONTRE LES INFECTIONS A HPV ET CONTRE LES MÉNINGITES ACWY INFORMATION ABOUT THE HPV AND MENINGOCOCCAL ACWY VACCINES

The vaccine your child will receive against human papillomavirus (HPV) infections is safe and effective. HPV vaccination is recommended for all girls and boys aged 11 to 14. By protecting our adolescents now, we can significantly reduce their risk of developing HPV-related cancers later in life. Studies have shown that HPV vaccination can reduce the risk of HPV infection by up to 90%, which in turn greatly lowers the risk of developing precancerous lesions and associated cancers.

Vaccination against invasive meningococcal ACWY infections is recommended for all young people aged 11 to 14. Meningitis is a serious and contagious infection that particularly affects teenagers and young adults. It can result in death or cause lasting complications. A single dose of the meningococcal ACWY vaccine provides effective and long-lasting protection. As with all vaccines, some side effects are possible, but they are mild for the vast majority of people.

For more information about the vaccine, visit the website of the French National Agency for the Safety of Medicines and Health Products (ANSM): www.ansm.sante.fr or scan the QR code below.



HOW THE VACCINATION SESSION TAKES PLACE

Before the vaccination session, the medical team will speak with your child and check their health record. Your child will then receive an injection of the HPV vaccine and/or the meningococcal ACWY vaccine in a private setting. It is possible for both vaccines to be administered during the same session.

After the injection, fainting may occur, sometimes accompanied by trembling or stiffness, and may be accompanied by falling. Although cases of fainting are uncommon, your child will remain under observation, under the supervision of the medical team, for 15 minutes following the injection of the vaccine.

NOTICE ON DATA PROCESSING AND PROTECTION

This vaccination campaign involves the processing of personal data.

In particular, the vaccination authorisation forms will be used by the vaccination organisations and centres mobilised by the Regional Health Agency (ARS) as part of the national vaccination campaign against human papillomavirus infections and for catching up on other vaccinations if needed. This processing shall be carried out under the joint responsibility of the relevant Regional Health Agency and the vaccination centre or prevention organisation appointed by the Regional Health Agency to carry out your child's vaccination.

Your child's school is only responsible for collecting this authorisation form you have completed on behalf of these data controllers and then transmitting it to the vaccination centre or organisation. This form shall be sent in a sealed envelope, and the schools are therefore not aware of the information it contains.

The only recipients of the data collected are authorised personnel at the healthcare organisations appointed by the Regional Health Agencies in their given regions. The data may be kept by these bodies for the purposes of any liability investigations for a period of 18 years from the date of vaccination.

You can exercise your right to access, rectify, restrict and oppose processing of your data pursuant to Articles 15, 16, 18, and 21 of the GDPR, by contacting the head of the institution. The head of the institution shall forward such requests to the competent vaccination centre or organisation in the region without delay and by any means.

In addition, these forms shall be used, after the vaccination has been carried out at the institution, by the same vaccination centres and organisations to send the details to the national health insurance body required to cover the cost of these vaccines.

Further information on this processing is available on the Ministry of Health and Regional Health Agency (ARS) websites.