General Consent for School Immunizations

PARENTS: USE A PEN, PRINT CLEARLY, AND RETURN THE COMPLETED FORM TO THE SCHOOL.

SECTION 1: STUDENT'S PERSONAL INFORMATION (PARENT / GUARDIAN TO COMPLETE)

Last Name	First Name	Male Female	Birthdate (YYYY/MM/DD)
Health Card Number	Mailing Address, Town, Postal Code		School
Parent/Guardian Name (Print)	Your Relationship to this Student	Evening Phone ( )	Grade / Teacher
Day Phone ( )	Cell Phone ( ) Text only? Yes☐	Email Address (optional)	

SECTION 2: STUDENT'S HEALTH CHECKLIST (PARENT / GUARDIAN MUST COMPLETE)

1) Has this student ever had a serious or life-threatening or allergic reaction to a vaccine or a vaccine component?
No ❑ Yes ❑ **If yes**, describe: _____

2) Does this student have any medical conditions or severe drug allergies?
No ❑ Yes ❑ **If yes**, describe: _____

3) Has this student received a blood product or an immune globulin in the past year?
No ❑ Yes ❑ **If yes**, list product name(s) and date(s) given: _____

4) Is this student taking medication (e.g. prednisone), receiving treatment, or has a medical condition that lowers their immunity (e.g. cancer or HIV)?
No ❑ Yes ❑ **If yes,** describe: _____

5) Has this student ever received a vaccine (outside of Saskatchewan public health) in a different community other than where they currently live; in a First Nation's community; from a Doctor, Pharmacist, or Nurse Practitioner; in a travel clinic; in an Emergency department; or outside of Saskatchewan?
No ❑ Yes ❑ If **yes**, specify vaccine(s), date(s) and location(s) of provider(s) if known and attach a copy of the record(s) if available: _____

(NURSE USE ONLY) SECTION 3: VACCINES THIS STUDENT IS ELIGIBLE TO RECEIVE

- ☐ Diphtheria, Tetanus, Pertussis, Polio ___ dose(s)
- ☐ Tetanus, Diphtheria, Pertussis ___ dose(s)
- ☐ Measles, Mumps, Rubella ___ dose(s)
- ☐ Measles, Mumps, Rubella, Varicella (chickenpox) ___ dose(s)
- ☐ Varicella (chickenpox) ___ dose(s)
- ☐ Human Papillomavirus ___ dose(s)
- ☐ Meningococcal Conjugate C ___ dose(s)
- ☐ Meningococcal Conjugate ACYW-135 ___ dose(s)
- ☐ Hepatitis B ___ dose(s)
- ☐ Hepatitis A ___ dose(s)
- ☐ Polio ___ dose(s)
- ☐ Influenza (injectable) _____dose(s)
- ☐ Influenza (intranasal) _____dose(s)
- ☐ Other: _____
- ☐ Other: _____
- ☐ Other: _____

SECTION 4: CONSENT FOR IMMUNIZATION (PARENT / GUARDIAN TO COMPLETE)

I understand the information in the immunization fact sheet(s) provided to me. My questions have been answered to my complete satisfaction. I understand the proven benefits and possible reactions for this/these vaccine(s), and the possible risks for this student if they are not immunized. If this student has an adverse reaction to the vaccine, medical attention will be sought and public health informed. **Unless cancelled in writing, this consent is valid for the time period needed to give all required doses of the vaccines noted in section 3.**

PARENT / GUARDIAN MUST CHECK ONLY 1 BOX BELOW THEN SIGN AND DATE:

YES ❑ I CONSENT FOR THIS STUDENT TO BE IMMUNIZED WITH ALL RECOMMENDED VACCINES.

Yes ❑ I CONSENT FOR THIS STUDENT TO BE IMMUNIZED WITH THE RECOMMENDED VACCINES **EXCEPT** FOR _____.

No ❑ I **DO NOT** CONSENT FOR THIS STUDENT TO BE IMMUNIZED WITH ANY OF THE RECOMMENDED VACCINES.

SIGNATURE _____ **DATE** YY/MM/DD _____

→→→ PLEASE READ NEXT PAGE FOR IMPORTANT INFORMATION →→→→

NOTE: It is recommended that parents/guardians discuss consent for immunization with their children. Efforts are first made to get parental/guardian consent for immunizations. However, **children at least 13 years of age and older who are able to understand the benefits and possible reactions for each vaccine and the risks of not getting immunized, can legally consent to or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider.**

Parents/guardian/individuals are responsible to contact Public Health to get missed or refused vaccines if they are needed in the future (e.g., for post-secondary education, work, travel, etc.).

Parents - Complete sections 1, 2 and 4 on the first page of this form and return it to the school.

SECTION 5: NURSE USE ONLY

Student's Name: _____ M F DOB _____ HCN# _____

Date consent directives entered into Panorama:_____ RN initials: _____

Date given	Vaccine	Dose #	Lot #	Dosage	Route	Site	RN signature	Entered
						LA RA		
						LA RA		
						LA RA		
						LA RA		
						LA RA		
						LA RA		
						LA RA		
						LA RA		
						LA RA		
						LA RA		
						LA RA		

Telephone consent ❑		Mature minor consent ❑	RN's Notes:
Parent/Guardian name		RN signature	
Phone number	Date & Time	Student signature	

	DTaP-IPV	Tdap	MMR	MMRV	Var	HPV	Men-C-C	Men-C-ACYW-135	HB	HA	IPV	Inf	LAIV			
Granted																
Refused																