

Consent for COVID-19 Vaccine for Children

Parents/Guardians: Use a pen to complete sections 1, 2, 3.

A parent/guardian must attend immunization with children 11 years of age and younger, or designate an alternate.

SECTION 1: CHILD'S PERSONAL INFORMATION (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)				
Child's Last Name	Child's First Name	Child's Gender M F Other: _____	Birthdate YY/MM/DD	
Health Services Number	Address/PO Box, Town, Postal Code		School	
Parent/Guardian Name (print)	Cell Phone ()	May we text you? Yes No	Preferred Phone Number ()	Teacher
Your Relationship to this Child (e.g., mother)		Parent/Guardian Email Address		

DO NOT ATTEND FOR IMMUNIZATION IF YOU ARE CURRENTLY ISOLATING DUE TO A POSITIVE COVID TEST, HAVE COVID SYMPTOMS, OR HAVE BEEN NAMED AS A CLOSE CONTACT.

SECTION 2: CHILD'S HEALTH CHECKLIST (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)	
1. Does this person have any allergies, including to any of the Pfizer BioNTech or Moderna COVID-19 vaccine ingredients, medicines, cosmetics, or foods (e.g. PEG)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____	
2a. Has this person had a COVID-19 vaccine before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state COVID-19 vaccine brand (e.g., Pfizer BioNTech or Moderna), date of immunization and dose number _____	
2b. Has this person had a side effect from a COVID-19 or other vaccine? <input type="checkbox"/> No <input type="checkbox"/> Yes Describe _____	
3. Is this person taking any medicines? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list _____	

SECTION 3: CONSENT FOR IMMUNIZATION (PARENT/GUARDIAN MUST READ THIS SECTION)	
<ul style="list-style-type: none">I have read the information in the Pfizer BioNTech and Moderna vaccine information sheet provided.I have had the opportunity to ask questions and they were answered to my satisfaction.I understand the benefits and possible reactions (side effects) for the vaccine.I understand the potential disease risks to my child if they do not get immunized.I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided to my child.I understand that when a vaccine series requires more than one dose, my consent continues until all required doses of the vaccine have been provided to my child, unless I let the school Public Health Nurse know that I cancel my consent.	
As a parent/guardian of this child, I understand and acknowledge that it is my responsibility to:	
<ul style="list-style-type: none">Seek medical attention should my child have an unusual or severe reaction following immunization. If this occurs, I will seek treatment for my child and notify public health immediately.Inform the school nurse of any changes to my child's health status set out in Section 2 that arise after signing this consent form.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 13 years 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 receive or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider.	

A PARENT/GUARDIAN MUST CHECK YES OR NO, AND THEN SIGN AND DATE FOR THE VACCINE LISTED BELOW	
I HAVE READ AND BEEN FULLY INFORMED REGARDING THE ABOVE INFORMATION.	
I CONSENT FOR MY CHILD TO GET IMMUNIZED WITH THE Pfizer BioNTech COVID-19 VACCINE SERIES. <input type="checkbox"/> Yes <input type="checkbox"/> No	
OR	
I CONSENT FOR MY CHILD TO GET IMMUNIZED WITH THE MODERNA COVID-19 VACCINE SERIES <input type="checkbox"/> Yes <input type="checkbox"/> No	
I DESIGNATE _____ TO ACCOMPANY MY CHILD TO THE VACCINATION APPOINTMENT IF I AM UNABLE TO ATTEND.	
NAME	
SIGNATURE OF PARENT/GUARDIAN _____	DATE _____ YY/MM/DD

SECTION 4: IMMUNIZER USE ONLY

Child's Name: _____ DOB YY/MM/DD _____ HSN# _____

Date consent directive entered into Panorama: YY/MM/DD _____ Initials: _____

Use this section if Point of Service documentation is unavailable.

POS /
Entered

Date given	Vaccine Brand	Dose #	Lot #	Dosage	Route	Site	Nurse signature	POS / Entered
<small>YY/MM/DD</small>		1		mL	IM	LA RA		
<small>YY/MM/DD</small>		2		mL	IM	LA RA		

Verbal consent obtained

Mature minor consent obtained

Notes:

Parent/Guardian name

Child's signature

Phone number

Date & time YY/MM/DD

Date & time YY/MM/DD

Immunizer's signature