Consent for Routine Grade 6 Immunizations

HEPATITIS B (HB) AND HUMAN PAPILLOMAVIRUS (HPV) ARE VACCINE-PREVENTABLE DISEASES.

PARENTS/GUARDIANS: Use a pen, print clearly, complete sections 1, 2 AND 4, and return this form to the school, even if you checked "NO" to a vaccine(s) in section 4.

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

Student's Last Name (print)	Student's First Name (print)	Student's Gender ☐ M ☐ F ☐ X ☐ Other: ____	Birthdate YY/MM/DD
Health Card Number	Address/PO Box, Town, Postal Code	School	
Parent/Guardian Name (print)	Phone/Cell Number ( )	May we text you? ☐ Yes ☐ No	Teacher
Your Relationship to this Student (e.g., mother)	Parent/Guardian Email Address	May we email you? ☐ Yes ☐ No	

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

1) Does this student have any serious allergies or ever had a serious allergic reaction to a vaccine or vaccine component?
☐ No ☐ Yes **If yes**, describe: _____

2) Does this student have any medical conditions or take medications?
☐ No ☐ Yes **If yes,** describe: _____

3) Has this student received a vaccine that is not showing in their MySaskHealthRecord account (if active), including from a pharmacist, physician, nurse practitioner, travel clinic, First Nations community, emergency department **or** outside of Saskatchewan?
☐ No ☐ Yes **If yes**, send a copy of the immunization record with this consent form for the public health nurse to review. **If you don't have a copy of the immunization record, contact the public health office for assistance.**

SECTION 3: CONSENT FOR IMMUNIZATION (PARENT/GUARDIAN MUST READ THIS SECTION)

- I have read the information in the Ministry of Health immunization fact sheet(s) provided to me for the vaccine(s) listed below.
- I have had the opportunity to ask questions, and they were answered to my satisfaction.
- I understand the benefits and possible reactions for the vaccine(s).
- 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, even into the next Grade(s), unless I let the public health nurse know that I revoke my consent.

As a parent/guardian of this child, I understand and acknowledge that it is my responsibility to:

- 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 the public health nurse immediately.
- Inform the public health nurse of any changes to my child's health status set out in Section 2 that arise after signing this consent form.

SECTION 4: PARENT/GUARDIAN MUST CHECK YES OR NO, AND THEN SIGN AND DATE THIS SECTION.

I GIVE MY CONSENT FOR THIS STUDENT TO BE IMMUNIZED WITH:

☐ **YES** ☐ **NO** **HEPATITIS B SERIES** (2 DOSES FOR MOST STUDENTS)

☐ **YES** ☐ **NO** **HUMAN PAPILLOMAVIRUS SERIES** (2 DOSES FOR MOST STUDENTS)

SIGNATURE _____ **DATE** _____

SECTION 5: NURSE USE ONLY

Student's Name: _____ **DOB** YY/MM/DD _____ **HCN#** _____

Date consent directives entered into Panorama: YY/MM/DD _____ **Nurse initials:** _____

Use this section **ONLY** if Point of Service documentation is unavailable.

Date given	Vaccine	Dose #	Lot #	Dosage	Route	Site LA/RA	Nurse signature	POS/ Entered
YY/MM/DD	HB			1.0 mL	IM			
YY/MM/DD	HB			1.0 mL	IM			
YY/MM/DD	HPV-9			0.5 mL	IM			
YY/MM/DD	HPV-9			0.5 mL	IM			

☐ Verbal consent obtained from parent or guardian

Parent/guardian name:

Phone number:

Date & Time: YY/MM/DD

Nurse signature:

Notes:

School Immunization Consent Form Instructions

1. **Read and keep the vaccine fact sheets for your information.**
   - The provincial immunization schedule and French vaccine information sheets are available at www.saskatchewan.ca/immunize.
   - If you speak another language **and/or** need help to understand the information, contact the public health office noted below.
2. **Parents/guardians must complete the following sections of the consent form:**
   - Student's Personal Information
   - Student's Health Checklist
   - Consent for Immunization
   - **Sign and date the required section** on the front of the consent form **even if you do not want this student to get immunized. A signature and date are required on every consent form**.
3. **Tear off the consent form and have this student return it to the school immediately.** Parents/guardians may choose to put this student's consent form into an envelope before it is returned to school.
4. **If this student received a vaccine that is not showing in their MySaskHealthRecord account** (if active), including from a pharmacist, physician, nurse practitioner, travel clinic, First Nations community, emergency department or outside of Saskatchewan, **send a copy of the immunization record with the consent form for the school public health nurse to review**. If you don't have a copy of the immunization record, contact the public health office for assistance.
5. **The school public health nurses review the immunization records of all students before they are immunized.** If this student does not need a vaccine that a parent/caregiver has consented YES to, the public health nurse **will not** immunize this child with that vaccine and will notify the parent/guardian on a *Notice of Immunization* form given to this student.

Notes:

- **Parents/guardians must notify the school public health nurse of any changes to this student's health status after signing this consent form.**
- As a general practice, public health does not notify parents/guardians of upcoming school immunization dates for students, as scheduling is subject to change.
- **Parental/guardian consent for immunization continues for the time needed to give all vaccine doses to this student. This means that this student may get vaccine doses in the next grade or school year.**
- If this student has an unusual or severe reaction to the vaccine(s), seek medical attention and notify Public Health of the reaction right away.
- **Parents/guardians must contact the school public health nurse to revoke their consent for immunization for this student.**
- Parents should speak to a public health nurse to discuss any concerns related to this student.
- **If parents/guardians want this student immunized at the health centre instead of at school, they must contact the health centre (below) to schedule an appointment and note this on the consent form.**
- If you have questions about the school immunization programs, contact your public health office below.

To ensure that a complete immunization record is maintained, immunizations administered by Public Health will be documented into the electronic provincial immunization registry, known as Panorama. For more information on how health records are stored, visit: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/your-personal-health-information-and-privacy.

Ministry of Health
Population Health Brach
1st Floor, 3475 Albert Street
Regina, Canada S4S 6X6

Dear Parents, Guardians and Students,

- Immunization records are available for viewing and printing in the student's MySaskHealthRecord online account at https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord.

- **If a student aged 13 years old or younger does not have an account**, a MySaskHealthRecord online account must be created for them by following the directions at the link above.
  - Parents/guardians must have their own MySaskHealthRecord account to request access to their child's health information in MySaskHealthRecord. Your child's information will be directly linked to your account.

- **Students 14 years and older must create their own confidential MySaskHealthRecord online account at the link above**.

If you choose to not sign up for MySaskHealthRecord, you may contact your local public health office to inquire about receiving an emailed or printed copy of the student's immunization record. NOTE: A fee may be applied to these services.

Direct any questions regarding MySaskHealthRecord to eHealth Saskatchewan at 1-844-767-8259 or MySaskHealthRecord@ehealthsask.ca.

Thank you for your attention to this matter.

Routine Grade 6 Immunizations - Fact Sheet

Vaccines have saved more lives compared to any other medical intervention. Vaccines help the immune system to recognize and fight bacteria and viruses that cause serious diseases.

Grade 6 students are due for routine hepatitis B (HB) and human papillomavirus (HPV) vaccines.

- **Public Health Nurses review the immunization records of all Grade 6 students.**
- Students get the vaccine doses they need to complete a vaccine series **during school clinics** with the public health nurse(s).

Vaccine	Fall	Spring
HB (2 doses for most students)	☑	☑
HPV (2 doses for most students)	☑	☑

- **Completing a vaccine series may extend into the next grades if necessary.**
- If a student requires additional vaccine doses because they have a select medical condition, a nurse will notify the child's parent/guardian.
- If a student does not need a vaccine that a parent/caregiver has checked YES for, the nurse will not immunize the child with that vaccine.

What is HB?

- **Getting immunized before being exposed to the HB virus is the best way to prevent HB disease.**
- Most HB cases occur in early adulthood.
- The HB virus infects the liver and can cause permanent scarring and damage (cirrhosis), liver cancer and death.
- The virus is found in body fluids (including blood, semen, vaginal fluids, and saliva) of infected persons.

The HB virus is spread:

- Through unprotected sexual activity.
- By sharing personal items like razors, toothbrushes, and dental floss.
- By reusing and/or sharing equipment used for tattooing, piercings, acupuncture or needles/equipment used to inject drugs or other substances (e.g., steroids).
- By being poked with an infected needle.
- From an infected mother to her baby during pregnancy.

What are signs of HB infection?

- Symptoms develop 2-3 months after exposure:
  - Tiredness and fever
  - Loss of appetite, nausea and vomiting
  - Pain in the upper abdomen (stomach area)
  - Jaundice (yellow colour) of the skin and the whites of the eyes
  - Dark coloured urine and light-coloured stools.
- About 50% of adults and 90% of children who are infected with HB do not have symptoms.
- HB may remain in the blood/body fluids of infected people. They are 'chronic carriers' and can develop serious liver disease and liver cancer.

What is HPV?

- There are over 200 HPV viruses and about 75% of Canadians will have an HPV infection in their lifetime.
- **Getting immunized before being exposed to HPV is the best way to prevent getting an HPV infection.**
- HPV types 6 and 11 cause over 90% of genital warts.
- High-risk HPV types 16, 18, 31, 33, 45, 52 and 58 can cause cancers of the mouth, throat, anus, cervix, vagina, vulva and penis.
- HPV is the leading cause of head, mouth and throat cancers in Canadian men.
- Cervical cancer is the fourth most common cancer among Canadian women aged 15 to 44 years.
  - In 2023, about 1,550 new cases were diagnosed and 400 women died from cervical cancer in Canada.
  - Canada has a goal to eliminate cervical cancer by 2040.
- **HPV is spread through skin-to-skin contact** including sexual activity.

What are symptoms of HPV infection?

- During an infection, an individual can pass HPV on to others.
- Genital warts are small, flesh-colored bumps or growths on the genitals and anus.
- Most people do not have symptoms when an HPV-caused cancer is in the early stages.

Sometimes vaccines are not recommended depending on the student's medical history. Talk to a public health or community health nurse if this student:

- Has had a life-threatening allergic reaction to specific vaccines or vaccine ingredients.
- Has an immune system weakened by a disease or medical treatment.
- Has received a blood product or an immune globulin in the last year.

What are common reactions from these vaccines?

- Soreness, redness and swelling in the arm where the vaccines were given for 1-2 days.
- Temporary headache, mild fever and tiredness.

Who should you report reactions to?

- Nurses stay at the school for 15-20 minutes after the last student has been immunized to ensure no serious reactions have occurred.
- There is an extremely rare possibility of a life-threatening allergic reaction called anaphylaxis. This may include hives, difficulty breathing, or swelling of the throat, tongue, or lips**.** This reaction can be treated and occurs in less than one in a million people who get the vaccine. **If this happens, call 911 or go to the nearest emergency treatment centre.**
- Report any adverse or unexpected reactions to 811, your local public health nurse, or your healthcare practitioner right away

The individual HPV and HB immunization fact sheets are available at www.saskatchewan.ca/immunize.

Reference: *Canadian Immunization Guide*.

Talk to a public health or community health nurse:

- If you have questions or concerns; or
- If you had to take your child to a doctor, a hospital or a health centre with a symptom that might be related to immunization.

For more information contact your local public health office, your physician, nurse practitioner, HealthLine online or by calling 811.

What do the vaccines contain?

GARDASIL® 9 contains proteins of HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58, aluminum (as Amorphous Aluminum Hydroxyphosphate Sulfate adjuvant), L-histidine, polysorbate 80, sodium borate, sodium chloride and water for injection. Thimerosal-free, preservative-free, antibiotic-free and latex- free.

ENGERIX-B® contains hepatitis B surface antigen, aluminum hydroxide, disodium phosphate dihydrate, sodium chloride, sodium dihydrogen phosphate dihydrate, and water for injection. Thimerosal-free, preservative-free, antibiotic-free and latex- free.

Use **Acetaminophen** (Tylenol®, Tempra®) or **Ibuprofen** (Advil®, Motrin®) to treat fevers and pain in children and adults. **Never give ASA** (Aspirin®) to anyone younger than 18 years old because of the serious risk of Reye's syndrome.