Consent for Routine Grade 6 Immunizations

PARENTS/GUARDIANS: Please use a pen and print clearly. Complete Sections 1, 2 & 4.
Return this form to the school, even if you select "NO" for any 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	Birthdate
		☐ M ☐ F ☐ X ☐ Other: ____	YYYY/MM/D

Health Card Number	Address/PO Box, Town, Postal Code	School

Parent/Guardian Name (print)	Phone/Cell Number ( )	May we text you?	Teacher
		☐ Yes ☐ No	

Your Relationship to this Student (e.g., mother)	Parent/Guardian Email Address	May we email you?
		☐ Yes ☐ No

SECTION 2: STUDENT HEALTH CHECKLIST (Parent/Guardian must complete this section)

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

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

3) Has the student received any vaccines that are not listed in their MySaskHealthRecord account (if active)?
This may include vaccines given by a pharmacist, physician, nurse practitioner, travel clinic, First Nations community, emergency department **or** outside of Saskatchewan?
■ No ☐ Yes **If yes**, provide a copy of the immunization record with this form for the public health nurse to review. **If you do not have a copy, contact the public health office for assistance.**

SECTION 3: CONSENT FOR IMMUNIZATION (Parent/Guardian must read this section)

- I have read the Ministry of Health immunization fact sheet for the vaccine(s) listed below.
- I have had the opportunity to ask questions, and my questions have been answered to my satisfaction.
- I understand the benefits and possible side effects of the vaccine(s).
- I understand the risks to my child of not being immunized.
- I understand that in the rare event of a severe allergic reaction (anaphylaxis), emergency treatment will be provided for my child.
- I understand that when a vaccine series requires more than one dose, my consent will remain in effect until my child has received all required doses, even if this continues into future grades, unless I tell the public health nurse that I want to withdraw my consent.

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

- Seek medical attention if my child has an unusual or severe reaction after immunization and notify public health as soon as possible.
- Inform the public health nurse of any changes to my child's health (as outlined in Section 2) that occur after signing this consent form.

SECTION 4: CONSENT AND SIGNATURE (Parent/Guardian must check YES OR NO, 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** _____

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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 directives obtained from parent or guardian.

Parent/guardian name:

Phone number:

Date & Time: YY/MM/DD

Nurse signature:

Notes:

School Immunization Consent Form Instructions

1. **Review vaccine information.**
   - Read and keep the vaccine fact sheets.
   - The provincial immunization schedule and French materials are available at: www.saskatchewan.ca/immunize.
   - If you need help in another language or understanding the information, contact your public health office (below).
2. **Complete the consent form.** Parents/guardians **must** fill out:
   - Student's Personal Information
   - Student's Health Checklist
   - Consent for Immunization. A parent/guardian must **sign and date the form**, **even if you do NOT want your child immunized.**
3. **Return the consent form.**
   - Tear off the consent form and have your child return it to school as soon as possible.
   - You may place the form in an envelope if you wish.
4. **Include immunization records (if needed).**
   - If your child received vaccines that are not listed in their **MySaskHealthRecord** (if active), include a copy of the record.
   - This includes vaccines given by a pharmacist, physician, nurse practitioner, travel clinic, First Nations community, emergency department, or outside of Saskatchewan.
   - If you don't have a copy, contact your public health office for help.
5. **What happens next.**
   - Public health nurses review all records before immunizing students.
   - If your child does not need a vaccine you consented to, it will not be given.
   - You will be notified through a *Notice of Immunization* form sent home with your child.

Important Notes

- Tell the public health nurse if your child's health changes after you sign the form.
- School immunization dates may change, so advance notice is not always provided.
- Your consent stays valid until all required doses are given. A vaccine series may continue into later grades if needed to complete all doses.
- If your child has an unusual or serious reaction, seek medical care and notify Public Health right away.
- To **withdraw consent**, contact the public health nurse.
- Contact Public Health if you have questions or concerns.
- If you prefer your child to be immunized at a public health clinic instead of at school, contact them to book an appointment and note this on the form.

Immunizations given by Public Health are recorded in Saskatchewan's secure electronic system, **Panorama**. This helps keep your child's immunization record complete and accurate.

To learn more about how health information is protected, visit: https://www.saskatchewan.ca/residents/health/accessing-health-care-services/your-personal-health-information-and-privacy.

Accessing Immunization Records in MySaskHealthRecord

Immunization records **for Saskatchewan residents** are available in the **MySaskHealthRecord** online platform.

Visit ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord.

1. **For children 13 years old and younger, a parent or guardian must create a MySaskHealthRecord account for their child using the hyperlink above.**
    a. Parents and guardians must have their own MySaskHealthRecord account to access their child's information.
    b. Once set up, the child's account will be linked to the parent/guardian's account.

2. **Children 14 years and** older must create their own MySaskHealthRecord account using the hyperlink above. Parents and guardians cannot access these accounts.

If you do not wish to use the MySaskHealthRecord platform, contact your local public health office to request an emailed or printed copy of the student's immunization record. *Please note that a service fee may apply for this request.*

If you have questions about MySaskHealthRecord, please contact eHealth Saskatchewan at 1-844-767-8259 or MySaskHealthRecord@ehealthsask.ca.

Routine Grade 6 Immunizations

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

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

- Public Health Nurses review each student's immunization record.
- Students will be offered vaccines they are due for during school clinics.

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

- A vaccine series may continue into later grades if needed to complete all doses.
- If a student needs extra doses due to a medical condition, a nurse will contact their parent/guardian.
- If you have given consent for a vaccine that your child does not need, it will not be given.

Hepatitis B

- Getting immunized before exposure is the best way to prevent hepatitis B.
- Most infections occur in early adulthood.
- Hepatitis B affects the liver and can lead to serious problems, including scarring (cirrhosis), liver cancer, and death.

How Hepatitis B spreads:

- Hepatitis B is passed through contact with infected body fluids such as blood, semen, vaginal fluids, and sometimes saliva.
- It can spread during unprotected sexual activity.
- Sharing personal items like razors, toothbrushes, or dental floss can expose you to the virus.
- Using non-sterile equipment for tattooing, body piercing, acupuncture, or injecting drugs or other substances (like steroids) can transmit the virus.
- Accidental injuries from used needles (example, a needlestick) can also spread hepatitis B.
- A pregnant person with hepatitis B can pass the virus to their baby during pregnancy or childbirth.

Signs and Symptoms of Hepatitis B

- Symptoms usually appear 2-3 months after exposure and may include:
  - Feeling tired and having a fever
  - Loss of appetite, nausea, and vomiting
  - Pain in the upper abdomen (stomach area)
  - Yellowing of the skin and eyes (jaundice)
  - Dark urine and light-coloured stools
- About 50% of adults and 90% of children with hepatitis B have no symptoms.
- The virus can stay in the body for many years.
- People with chronic hepatitis B can pass the virus to others.
- Hepatitis B may cause serious liver diseases, including liver cancer.
- Heading (Myriad Pro Bold 14pt)

Human papillomavirus (HPV)

- Getting immunized before coming into contact with HPV is the best way to prevent infection.
- Canada's goal is to eliminate cervical cancer by 2040.
- HPV is very common and about 3 out of 4 Canadians will get it at some point in their lives.
- HPV types 6 and 11 cause most cases of genital warts (over 90%).
- Some HPV types (16, 18, 31, 33, 45, 52 and 58) can lead to cancers of the mouth, throat, anus, cervix, vagina, vulva and penis.
- HPV is the main cause of cancers of the mouth and throat in Canadian men.
- Cervical cancer is most common in Canadian women 15 to 44 years old.
  - In 2023, about 1,550 women were diagnosed with cervical cancer, and about 400 died from it.
- HPV spreads through skin-to-skin contact, including during sexual activity.

Symptoms of an HPV infection

- Most people with HPV do not have symptoms.
- Someone can pass HPV to others even if they feel well and have no visible signs of infection.
- Genital warts can appear as small bumps on the genital area or around the anus.
- Most cancers caused by HPV do not show symptoms in their early stages.

Routine Grade 6 Immunizations

Some vaccines may not be recommended based on a student's medical history. Talk to a public health or community health nurse if your child:

- Has had a serious allergic reaction to a vaccine or any of its ingredients.

What are common reactions from these vaccines?

- Vaccines are very safe and effective. Getting vaccinated is much safer than getting the disease.
- Soreness, redness and swelling in the arms where the needles were given for 1-2 days.
- Temporary tiredness, headache, and mild fever.

Who should you report reactions to?

- Nurses stay at the school for 15-20 minutes after the last student has been immunized to monitor for allergic reactions.
- 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 is extremely rare (less than 1 in 1 million people) and can be treated. **If these symptoms happen, get medical help right away or call 911.**
- Report any unexpected or serious reactions to your local public health nurse, doctor, nurse practitioner or HealthLine 811 as soon as possible.

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
- Your child needed medical care from a doctor, hospital or health centre for a symptom that might be related to immunization.

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

What do these 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.