General Consent for School Age Immunizations

PARENTS/GUARDIANS: Please use a pen and print clearly to complete Sections 1, 2 & 4.
Return this consent 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: ___	

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

Parent/Guardian Name (print)	Phone/Cell Number	May we text you?	Grade / 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 blood products or immune globulin in the past year?
☐ No ☐ Yes **If yes**, list product name(s) and date(s) given: _____

4) Does the student have any health conditions, take medications, or receive treatments that weaken their immune system?
☐ No ☐ Yes **If yes,** describe: _____

5) 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 don't have a copy, contact the public health office for assistance.

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

☐ Diphtheria, Tetanus, Pertussis, Polio, *Haemophilus influenza* type b __ dose(s)
☐ Haemophilus influenza type b _____ dose(s)
☐ Hepatitis A ___ dose(s)
☐ Hepatitis B ___ dose(s)
☐ Human Papillomavirus (9 HPV types) ___ dose(s)
☐ Measles, Mumps, Rubella ___ dose(s)
☐ Measles, Mumps, Rubella, Varicella (chickenpox) ___ dose(s)
☐ Meningococcal B ____ dose(s)
☐ Meningococcal Conjugate ACYW-135 ___ dose(s)
☐ Pneumococcal Conjugate 15 ___ dose(s)
☐ Pneumococcal Conjugate 20 ___ dose(s)
☐ Polio ___ dose(s)
☐ Tetanus, Diphtheria, Pertussis ___ dose(s)
☐ Tetanus, Diphtheria, Pertussis, Polio ___ dose(s)
☐ Varicella (chickenpox) ___ dose(s)
☐ Other: _____ ____dose(s)
☐ Other: _____ ____dose(s)
☐ Other: _____ ____dose(s

SECTION 4: CONSENT FOR IMMUNIZATION (Parent/Guardian must read this section)

- I have read the Ministry of Health immunization fact sheet(s) for the vaccine(s) checked above.
- 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.
- NOTE: It is recommended that parents/guardians discuss immunization with their children. While efforts are made to obtain parent/guardian consent, youth aged 13 years and older who can understand the benefits and possible side effects of vaccines, as well as the risks of not being immunized, may legally consent to or refuse immunization in Saskatchewan (mature minor consent).

A PARENT/GUARDIAN MUST CHECK ONLY ONE BOX BELOW, THEN SIGN AND DATE

☐ **YES –** I CONSENT FOR THIS STUDENT TO **RECEIVE ALL RECOMMENDED VACCINES LISTED ABOVE.**

☐ **YES –** I CONSENT FOR THIS STUDENT TO **RECEIVE** THE RECOMMENDED VACCINES **EXCEPT FOR** _____

☐ **NO –** I **DO NOT** CONSENT FOR THIS STUDENT TO RECEIVE **ANY** OF THE RECOMMENDED VACCINES (**REFUSAL**).

SIGNATURE _____ **DATE** _____ YYYY/MM/DD

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SECTION 5: NURSE USE ONLY

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

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

☐ Verbal consent directives obtained from parent or guardian.

Parent/Guardian name

Phone number

Date & Time

Nurse signature

☐ Mature minor consent directives obtained.

Student signature

Date & Time

Nurse signature

Notes:

	DTaP-IPV-Hib	Hib	HA	HB	HPV-9	MMR	MMRV	MenB	Men-C-ACYW-135	Pneu-C-15	Pneu-C-20	IPV	Tdap	Tdap-IPV	Var			
Granted																		
Refused																		

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.