General Consent for School Age Immunizations

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	Grade / 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) 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 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 medications, receiving treatment, or has a medical condition that lowers their immunity
☐ No ☐ Yes **If yes,** describe: _____

5) 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: 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 C ___ 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

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

- I have read the information in the Ministry of Health immunization fact sheet(s) provided to me for the vaccine(s) checked off above.
- 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(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 given 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 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.
- 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 receive or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider.

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

☐ **YES, I CONSENT FOR THIS STUDENT TO BE IMMUNIZED WITH ALL OF THE RECOMMENDED VACCINES ABOVE.**

☐ **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 (**REFUSAL**).

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

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 obtained from parent or guardian

☐ Mature minor consent obtained

Notes:

Parent/Guardian name	Student signature
Phone number	Date &Time
Date & Time	Nurse signature
Nurse signature	

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

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.