Consent for Routine Grade 8 Immunization

TETANUS, DIPHTHERIA AND PERTUSSIS ('WHOOPING COUGH') 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	Student's First Name	Student's Gender	Birthdate YY/MM/DD
		☐ 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?** ☐ 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 provided to me for the vaccine listed below.
- 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.

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.

SECTION 4: A 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** **TETANUS, DIPHTHERIA AND PERTUSSIS VACCINE**

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

SECTION 5: NURSE USE ONLY

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

Date consent directive 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	Tdap			0.5 mL	IM			

☐ Verbal consent obtained from parent or guardian	☐ Mature minor consent obtained	Notes:
Parent/Guardian name	Student signature	
Phone number	Date & time YY/MM/DD	
Date & time YY/MM/DD	Nurse signature	