Consent for Routine Grade 8 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(s) 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.
- 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).

SECTION 4: CONSENT & SIGNATURE

(Parent/Guardian must check YES or NO, and sign and date this section).

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

☐ YES ☐ NO **TETANUS, DIPHTHERIA AND PERTUSSIS VACCINE**

☐ YES ☐ NO **MENINGOCOCCAL CONJUGATE ACYW-135 VACCINE**

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	Tdap			0.5 mL	IM			
YY/MM/DD	Men-C-ACYW-135			0.5 mL	IM			

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

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 8 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 8 students are due to receive their routine vaccines for tetanus, diphtheria, pertussis (whooping cough) (Tdap) and meningococcal disease (Men-C-ACYW-135).

- Public Health Nurses review each student's immunization record.
- Students will be offered any vaccines they are due for during school clinics.
- If you have given consent for a vaccine your child does **not need**, it will not be given.

Tetanus ('lockjaw') is caused by bacteria found in the soil. The bacteria make a strong toxin within 3-21 days after entering the body through cuts or wounds. The toxin causes painful muscle tightening and can affect breathing. It cannot spread from person to person. Without treatment, up to 8 out of 10 people may die.

Diphtheria spreads through coughing, sneezing or close contact. It can cause mild fever, sore throat, trouble swallowing, tiredness and loss of appetite. A thick coating can form in the throat, making it hard to breathe. The infection can also lead to heart damage or paralysis. Without treatment, about 1 in 10 people may die.

Pertussis (whooping cough) is a serious and very contagious bacterial infection of the lungs and throat. It spreads easily through coughing, sneezing, or close face-to-face contact. It can cause complications such as pneumonia, lung problems, brain injury, seizures, or even death.

Pertussis causes severe coughing fits that may end with a "whooping" sound when breathing in. These coughing spells can make it very hard to breathe and may last for several months. Even with treatment, 1 to 4 deaths occur each year in Canada.

Meningococcal disease is a serious and potentially life-threatening infection caused by *Neisseria meningitidis* bacteria. The bacteria spread through **close contact**, such as coughing, sneezing, kissing, or sharing drinks, food, or utensils.

- Symptoms can start within a few hours of exposure and get worse very quickly, including:
  - Fever, severe headache.
  - Stiff neck, joint pain.
  - Nausea, or vomiting and sensitivity to light.
  - Reddish-purple rash that looks like bruising.
  - Drowsiness or trouble staying alert.
- Once antibiotic treatment has started, people are no longer contagious after 24 hours, **but** they may still develop **meningitis** (infection of the lining around the brain), **septicemia** (blood infection) and **septic shock** (severe drop of blood pressure).
- Severe complications often include the loss of fingers, toes, arms or legs (needing amputations), permanent hearing loss, brain damage or seizures.
- **Men-C-ACYW-135** vaccine protects against four meningococcal bacterial types (A, C, Y and W-135). It does not protect against types B or X.

How can these diseases be prevented?

- **Get immunized.** Vaccination protects you and helps protect others.
- Tetanus, diphtheria and pertussis are serious diseases that can be prevented with vaccines.
- Most meningococcal infections can also be prevented with vaccines.
- Clean your hands often with soap and water or a hand sanitizer.
- Cover your mouth when coughing and your nose and mouth when sneezing.
- Avoid sharing items that go in the mouth, such as food, drinks, cigarettes, straws, water bottles, musical instrument mouthpieces, lip products, mouth guards, or utensils.

Routine Grade 8 Immunizations

What are common reactions from these vaccines?

- **Vaccines are very safe and effective. It is much safer to get the vaccines than to get the diseases.**
- Soreness, redness or swelling in the arms where the needles were given for 1-2 days.
- Temporary tiredness, headache, mild fever, dizziness, body aches or upset stomach.

Sometimes 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 serious allergic reaction to a vaccine or any of its ingredients.

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.

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.

Individual Tdap and Men-C-ACYW-135 immunization fact sheets are available at www.saskatchewan.ca/immunize.
Reference: *Canadian Immunization Guide*.

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.

What do these vaccines contain?

ADACEL® contains tetanus toxoid, diphtheria toxoid, acellular pertussis toxoid, filamentous haemagglutinin, pertactin, fimbriae types 2 and 3, 2-phenoxyethanol [not present in preservative-free formulation], aluminum phosphate, and trace amounts of formaldehyde and glutaraldehyde as manufacturing process residuals. Thimerosal-free. Latex-free. Antibiotic-free.

BOOSTRIX® contains diphtheria toxoid, acellular pertussis toxoid, filamentous haemagglutinin, pertactin, tetanus toxoid, aluminum salts, sodium chloride and water for injection. Thimerosal-free. Latex-free. Antibiotic-free.

NIMENRIX™ contains Neisseria meningitidis serogroup A polysaccharide, Neisseria meningitidis serogroup C polysaccharide, Neisseria meningitidis serogroup W-135 polysaccharide, Neisseria meningitidis serogroup Y polysaccharide, sucrose, trometamol, sodium chloride, water for injection. Thimerosal-free, preservative-free and latex-free. Contains no adjuvants.

MenQuadfi® contains meningococcal A, C, Y and W -135 polysaccharides, sodium chloride, sodium acetate, waster for injection. Thimerosal-free, preservative-free and latex-free. Contains no adjuvants.

Menveo™ contains meningococcal A, C, Y and W-135 oligosaccharides, diphtheria CRM197 protein, potassium dihydrogen phosphate, sodium chloride, sodium dihydrogen phosphate monohydrate, di-sodium hydrogen phosphate bihydrate, sucrose, water for injection. Thimerosal-free, preservative-free and latex-free. Contains no adjuvants.

Mature Minor Consent

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 up to and including 17 years of age, who can understand the benefits and possible reactions for each vaccine and the risks of not getting immunized, can legally consent to or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider.