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	

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.

Tetanus, Diphtheria, Pertussis Vaccine

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

Tetanus, diphtheria and pertussis are vaccine preventable diseases.

Tetanus ('lockjaw') is caused by bacteria found in the soil worldwide. The bacteria make a strong toxin within 3-21 days after entering the body through a cut or injury to the skin. The toxin causes painful tightening of muscles in the body. In severe cases, breathing muscles are affected. Without treatment, up to 8 in 10 people could die. It cannot be spread from person to person.

Diphtheria is a serious disease occurs in many countries worldwide. The bacteria spread through the air by sneezing or coughing, and direct skin contact. Symptoms include a mild fever, sore throat, difficulty swallowing, tiredness and loss of appetite. A grayish white membrane appears in the throat within 2 to 3 days of illness which causes severe breathing problems like airway obstruction and suffocation. Within 2 to 5 days, the bacteria produce a strong toxin that can cause heart failure and paralysis. Without treatment, 1 in 10 people could die.

Pertussis ('whooping cough')" is a serious and highly contagious bacterial infection of the lungs and throat. Pertussis can cause pneumonia, collapsed lungs, brain bleeding, inflammation and permanent damage, seizures or death. The bacteria spread easily by coughing, sneezing or close face-to-face contact. Pertussis causes severe coughing that often ends with a whooping sound before the next breath and breathing is very difficult. This cough can for last several months. Even with treatment, 1 to 4 deaths occur each year in Canada.

How can these diseases be prevented?

- Be immunized. When you and your child are immunized, you help protect others as well.
- Practice good hygiene (e.g. hand washing).

Cover your mouth when coughing.

Who can get this vaccine for free?

- Grade 8 students **as a booster dose** (unless they have received it since becoming 11 years old).
- Pregnant individuals **in every pregnancy** (ideally between 27-32 weeks gestation) to provide passive, temporary protection against pertussis to the infant.
- Adults as a booster dose every 10 years if they received a tetanus series earlier in life.
- Adults who have not been immunized or do not have a record of prior immunization.
- People with serious cuts or deep wounds whose last tetanus vaccine was given more than five years ago.

Who should not get this vaccine?

- Individuals who have a serious acute illness, with or without a fever, should delay immunizations.
- Persons who had a life-threatening reaction to a previous dose of tetanus, diphtheria, or pertussis vaccine, or any components of the vaccine.
- Children younger than 4 years of age.
- People who developed Guillain-Barré Syndrome (GBS) within 6 weeks of getting a tetanus-containing vaccine. GBS is a rare condition that can result in weakness and paralysis of the body's muscles.
- Individuals who have experienced transient thrombocytopenia or other neurological complications following an earlier immunization against diphtheria and/or tetanus.
- **Precaution**: Pertussis-containing vaccine may be administered to persons with the following conditions once a treatment regimen has been established and their condition has stabilized:
  - Progressive or unstable neurologic disorder (including infantile spasms for DTaP)
  - Uncontrolled seizures
  - Progressive encephalopathy
- **Contraindication:** People who developed encephalopathy (e.g., coma, decreased level of consciousness, prolonged seizures) within 7 days of a previous dose of a pertussis-containing vaccine, that is not attributable to another identifiable cause.

What are common reactions to this vaccine?

- **Vaccines are very safe and effective. It is much safer to get this vaccine than to get any of these serious diseases.**
- Pain, redness and swelling at the injection site.
- Some individuals may experience fatigue, headache, mild fever, dizziness, body aches or nausea.
- These reactions are mild and generally last 1 to 2 days.
- Numbness, tingling, brachial neuritis (pain in arm and shoulder nerve), facial paralysis, convulsions, myelitis (inflammation of the spinal cord) and myocarditis (inflammation of the heart) have been reported as rare events after immunization.
- Only treat a child's fever (at least 6 to 8 hours after immunization) if they are uncomfortable, refusing fluids and not sleeping.

It is important to stay in the clinic for 15 minutes after getting any vaccine because 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. **If this happens after you leave the clinic, call 911 or the local emergency number.** This reaction can be treated and occurs in less than one in one million people who get the vaccine.

Who should you report reactions to?

- Report any adverse or unexpected reactions to 811, your local public health nurse, your doctor, or nurse practitioner as soon as possible.

Talk to a public health nurse:

- If you have questions or concerns about your or your child's reaction to an immunization.
- If you or your child had to go to a doctor, a hospital or to a health centre with a symptom that might be related to immunization.

What does this vaccine 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.

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.

Provincial immunization fact sheets are available at www.saskatchewan.ca/immunize.

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

References: *Canadian Immunization Guide*; ADACEL® and BOOSTRIX® product monographs.