BRITISH COLUMBIA Ministry of Health

fraserhealth
Better health. Best in health care.

# CONSENT FOR GRADE 9 IMMUNIZATIONS

| LAST NAME | FIRST NAME | SCHOOL | DIV / TEACHER |
|---|---|---|---|
| | | | |
| BIRTHDATE (YYYY / MM / DD) | PERSONAL HEALTH NUMBER (PHN) | NAME OF PARENT / GUARDIAN / REPRESENTATIVE | RELATIONSHIP TO CHILD |
| | | | |
| HOME PHONE | CELL PHONE | **ALERT** | HAS YOUR CHILD EVER HAD A SERIOUS OR LIFE-THREATENING ALLERGIC REACTION? ☐ NO ☐ YES (TO WHAT?): |
| ALTERNATE PHONE(S) | | | IS YOUR CHILD'S IMMUNE SYSTEM AFFECTED BY A SEVERE DISEASE OR MEDICATION? ☐ NO ☐ YES |

**PARENT / GUARDIAN / REPRESENTATIVE – For each vaccine listed below, check Yes or No, sign and date.**

I understand the information in the HealthLinkBC File for the vaccines listed below. I understand the benefits and possible reactions for each vaccine and the risk of not getting immunized. I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided. I have had the opportunity to ask questions that were answered to my satisfaction. I understand this consent is valid for two years for the vaccine(s) listed below unless I cancel it.

**Mature Minor Consent:** Parents/guardians and representatives should make every effort to discuss the information in the HealthLinkBC File for the vaccines listed below with the child, and to involve the child as much as possible in the decision to provide consent to immunization. Although a child may be immunized with the consent of a parent/guardian or representative, a child is entitled to be informed about immunization and may provide consent to immunization if the person administering the vaccine(s) is sure that the child understands the benefits of, and possible reactions to, each vaccine, and the risk of not getting immunized.

| PARENT / GUARDIAN / REPRESENTATIVE USE ONLY | PUBLIC HEALTH USE ONLY – CHILD'S IMMUNIZATION RECORD |
|---|---|

## Meningococcal Conjugate ACYW (Men-C-ACYW) Vaccine

Has your child received a dose of Meningococcal Conjugate ACYW vaccine (Menveo®, Menactra® or Nimenrix®) in grade 7 or later? If they have, give name of vaccine and dates:

| VACCINE | YYYY / MM / DD |
|---|---|
| | |

**I want my child immunized: ☐ Yes ☐ No**

| Signature | Date (YYYY / MM / DD) |
|---|---|
| | |

| | Date YYYY / MM / DD | SITE | LOT # | NURSE SIGNATURE |
|---|---|---|---|---|
| 1 DOSE | | ☐ LA ☐ RA | | |

NURSE'S NOTES

## Tetanus, Diphtheria, Pertussis (Tdap) Vaccine

If your child has had **a booster** dose of tetanus, diphtheria and pertussis combined vaccine (Tdap) at 10 years of age or older they **DO NOT** need the vaccine in grade 9. If they have, give date:

YYYY / MM / DD

**I want my child immunized: ☐ Yes ☐ No**

| Signature | Date (YYYY / MM / DD) |
|---|---|
| | |

| | Date YYYY / MM / DD | SITE | LOT # | NURSE SIGNATURE |
|---|---|---|---|---|
| 1 DOSE | | ☐ LA ☐ RA | | |

NURSE'S NOTES

## PUBLIC HEALTH USE ONLY – MATURE MINOR CONSENT

**I want to be immunized for Men-C-ACYW: ☐ Yes ☐ No**

**Child Signature:**

**I want to be immunized for Tdap: ☐ Yes ☐ No**

**Child Signature:**

NURSE SIGNATURE

DATE (YYYY / MM / DD)

TIME ☐ AM ☐ PM

## PUBLIC HEALTH USE ONLY – TELEPHONE CONSENT

| TELEPHONE CONSENT OBTAINED FROM | FOR | PHONE NUMBER CALLED | DATE (YYYY / MM / DD) |
|---|---|---|---|
| | **Men-C-ACYW** ☐ YES ☐ NO | | |
| RELATIONSHIP TO CHILD | **Tdap** ☐ YES ☐ NO | NURSE SIGNATURE | TIME ☐ AM ☐ PM |
| | | | |

Personal information collected on this form will be used by the health authority to update the student's immunization record. The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. Summary statistical information may be reported to the Ministry of Health. If you have any questions about the collection and use of this personal information, contact your local public health nurse. You may be contacted to request your participation in the evaluation of this school immunization program.

HLTH 2385 2018/05/16 (Revised by Fraser Health Communicable Disease Nurse Coordinator Team July 2018)