



CONSENT FOR GRADE 9 IMMUNIZATIONS

For all students: Tetanus, Diphtheria and Pertussis (Tdap) vaccine.

USE A PEN, PRINT CLEARLY AND PRESS FIRMLY

SECTION 1: CHILD'S PERSONAL INFORMATION

LAST NAME		FIRST NAME		SCHOOL	DIV / TEACHER
GENDER <input type="checkbox"/> M <input type="checkbox"/> F	BIRTHDATE (YYYY / MM / DD)		CARECARD NUMBER	NAME OF PARENT / GUARDIAN / REPRESENTATIVE	
DAY PHONE	EVENING PHONE	CELL PHONE	ALERT HAS YOUR CHILD EVER HAD A SERIOUS OR LIFE-THREATENING ALLERGIC REACTION? <input type="checkbox"/> NO <input type="checkbox"/> YES (TO WHAT?):		

It is recommended that parents/guardians or representatives and their children discuss consent for immunization. Efforts are first made to seek parental/guardian or representative consent prior to immunization. However, children under the age of 19, who are able to understand the benefits and possible reactions for each vaccine and the risk of not getting immunized, can legally consent to or refuse immunizations.

SECTION 2: PARENT / GUARDIAN / REPRESENTATIVE CONSENT

For the vaccine listed below, check Yes or No, sign and date.

I understand the information in the HealthLink BC File for the vaccine listed below. I understand the benefits and possible reactions for the vaccine and the risk of not getting immunized. I have had the opportunity to ask questions that were answered to my satisfaction. I understand this consent is valid for the vaccine listed below unless the consent is cancelled.

I consent for my child to receive the following vaccine:

Tetanus, Diphtheria, Pertussis (Tdap) vaccine (1 dose)

Has your child had tetanus, diphtheria vaccine in the last six months? If yes, give date: YYYY MM DD	I want my child immunized. <input type="checkbox"/> Yes <input type="checkbox"/> No
Signature	Date (YYYY / MM / DD)

SECTION 3: PUBLIC HEALTH USE ONLY – TELEPHONE OR MATURE MINOR CONSENT

TELEPHONE CONSENT

TELEPHONE CONSENT OBTAINED FROM	FOR Tdap <input type="checkbox"/> YES <input type="checkbox"/> NO	NURSE SIGNATURE	DATE (YYYY / MM / DD)
RELATIONSHIP TO CHILD			

MATURE MINOR CONSENT

STUDENT SIGNATURE	FOR Tdap <input type="checkbox"/> YES <input type="checkbox"/> NO	NURSE SIGNATURE	DATE (YYYY / MM / DD)
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SECTION 4: PUBLIC HEALTH USE ONLY – CHILD'S IMMUNIZATION RECORD

TETANUS, DIPHTHERIA, PERTUSSIS 1 DOSE	DATE GIVEN (YYYY / MM / DD)	SITE LA RA	LOT #	NURSE SIGNATURE
NURSES NOTES				

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 Services. 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.