



CTU-0246



SCHOOL VACCINATION 4TH GRADE CONSENT FORM FOR PARENTS / GUARDIANS

SECTION A – IDENTIFICATION OF CHILD

Last name : _____ First name: _____

Date of birth (yyyy/mm/dd) : _____ Gender : M F

Names of parents or guardian

Mother : _____ Father : _____

Guardian : _____

SECTION B – CHILD'S MEDICAL AND VACCINATION HISTORY

1- **Has your child ever had a serious allergic reaction that required emergency medical care?** YES NO I DON'T KNOW

2- **Does your child have immune-system problems due to a disease (e.g. leukemia) or medication (e.g. chemotherapy)?** YES NO I DON'T KNOW

SECTION C - CONSENT

RETURN THIS SIGNED FORM WHETHER OR NOT YOU CONSENT TO VACCINATION

As the parent or guardian of a child under 14 years, you are responsible for decisions concerning vaccination for that child as well as the transmission of personal information concerning them.

Explanations to help you make an informed decision are provided in the booklet attached to this form. If you would like additional information about vaccination programs, please contact your local CLSC or speak with the school nurse.

HÉPATITIS A

Do you **accept** or **refuse** to allow your child to get hepatitis A vaccine : I ACCEPT
VAQTA Jr or its equivalent ? I REFUSE

HUMAN PAPILLOMAVIRUS (HPV)

Do you **accept** or **refuse** to allow your child to get human papillomavirus (HPV) vaccine : I ACCEPT
GARGASIL®9 or its equivalent ? I REFUSE

Signature of Mother, Father of Guardian

Date (yyyy/mm/dd)

Relationship (Mother, Father or Guardian)

