2023-07

SCHOOL VACCINATION 4TH GRADE

CONSENT FORM FOR PARENTS/GUARDIANS

Inuulitsivik

UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

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
3. Have you noticed a change in your child's state of health?	○ YES	○ NO	○ I DON'T KNOW

If YES, explain: _____

SECTION C – CONSENT

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 him or her.

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.

By giving your consent, you agree to the full vaccination series.

HEPATITIS A

Do you **agree** or **refuse** to allow your child to get the hepatitis A vaccine. VAQTA Jr or its equivalent?

○ **I AGREE**
○ **I REFUSE**

HUMAN PAPILLOMAVIRUS (HPV)

Do you **agree** or **refuse** allow your child to get the human papillomavirus (HPV) vaccine: GARDASIL 9© (1st dose)or its equivalent?

○ **I AGREE**
○ **I REFUSE**

_____ DATE: YYYY / MM / DD

Signature of Mother, Father of Guardian

_____

Relationship (Mother, Father or Guardian)

RETURN THIS SIGNED FORM WHETHER OR NOT YOU CONSENT TO VACCINATION

Prévention et contrôle des maladies infectieuses
Prevention & Control of Infectious Diseases

RÉGIE RÉGIONALE DE LA SANTÉ ET DES SERVICES SOCIAUX DU NUNAVIK
REGIONAL BOARD OF HEALTH AND SOCIAL SERVICES