CTU-0244

KINDERGARDEN CHILDREN VACCINATION (4 – 6 Y. O.)

CONSENT FORM FOR PARENTS / GUARDIAN

SECTION A – IDENTIFICATION OF CHILD

Last name : _____ First name : _____

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

Name 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 -	**Has your child ever had chickenpox when he or she was over 1 year old ?**	❒ YES	❒ NO	❒ I DON'T KNOW

If YES, please indicate your child's approximate age at the time of chickenpox : _____

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.

The information enabling you to make an informed decision is provided with this form. For all additional information on the vaccination programs, we invite you to contact your health centre (CLSC or health centre).

Do you accept the following recommended vaccines according to your child's current vaccination status?

1.	Vaccine against :	DIPHTHERIA, PERTUSSIS, TETANUS AND POLIOMYELITIS	❒ I ACCEPT	❒ I REFUSE
2.	Vaccine against :	_____	❒ I ACCEPT	❒ I REFUSE
3.	Vaccine against :	_____	❒ I ACCEPT	❒ I REFUSE
4.	Vaccine against :	_____	❒ I ACCEPT	❒ I REFUSE

_____ _____

Signature of mother, father of guardian Date (yyyy/mm/dd)

_____

Relationship (mother, father or guardian)

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Nom, prénom : ______________________________

Dossier : ______________________________

ᐃᓕᓐᓂᐊᕆᐊᖕᖓᑐᓄᑦ ᐱᐊᕋᕐᔪᓄᑦ ᓵᕙᓗᑕᕐᑖᓂᕐᒧᑦ ᑳᐳᕐᑕᐅᓂᖅ (4 – 6 ᐅᑭᐅᓖᑦ.)

ᐊᖏᕈᑎᒃ ᑕᑕᕐᓴᒐᑦᓴᔭᖅ - ᐊᖓᔪᖅᑳᕆᔭᐅᔪᓄᑦ/ᑲᒪᔨᒋᔭᐅᔪᓄᑦ

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐊ – ᐱᐊᕋᐅᑉ ᓇᓗᓀᒃᑯᑕᖓ

ᐊᑎᕈᓯᖓ: ______________________________ ᐊᑎᖓ: ______________________________

ᐃᓅᓕᕐᕕᖓᑕ ᐅᓪᓗᖓ (yyyy/mm/dd) : ______________________ ᓇᓪᓕᐊᒍᓂᖓ: ❒ ᐊᖑᑎᒃ ❒ ᐊᕐᓇᖅ

ᐊᑎᖏᑦ ᐊᖓᔪᖅᑳᕆᔭᐅᔪᑦ ᐅᕙᓘᓐᓃᑦ ᑲᒪᔨᖏᑦ

ᐊᓈᓇᒃ: ______________________________ ᐊᑖᑕᒃ: ______________________________

ᑲᒪᔨᒃ: ______________________________

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐸ – ᐱᐊᕋᐅᑉ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒍᑎᒋᓯᒪᔭᖏ ᑲᐱᔭᐅᓯᒪᐅᑎᖏᓪᓗ

1 - ᕿᑐᕐᖏᑦ ᑳᐳᕐᑕᕕᓂᐅᑦᓯᓂ ᓲᒃᑯᓚᕿᓚᐅᕐᓯᒪᕙ ᓯᑌᕐᑐᒥᒃ ᐋᓐᓂᐊᓯᐅᑎᓄᑦ ᐅᐃᒪᓇᕐᓯᓚᕿᑦᓯᓂ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒋᐊᖃᓚᕿᓯᓂ? ❒ ᐋ YES ❒ ᐊᐅᑲ NO ❒ ᖃᐅᔨᒪᖕᖏᑐᖓ I DON'T KNOW

2 - ᐱᐊᕚᑦ ᐋᓐᓂᐊᓂᒃ ᑎᒥᖓ ᐸᑭᒍᑎᒥᒃ-ᓵᕙᓗᑌᕈᓯᒪᕙ ᐋᓐᓂᐊᖃᕐᓂᒥᓄᑦ (ᐅᑦᑑᑎᒋᑦᓯᒍ ᐊᐅᒥᒍᑦ ᐋᓐᓂᐊᖅ) ᐋᓐᓂᐊᓯᐅᑎᑎᒍᓪᓘᓃᑦ (ᐅᑦᑑᑎᒋᑦᓯᒍ ᐆᑎᑎᕐᑕᐅᓂᒃᑯᑦ)? ❒ ᐋ YES ❒ ᐊᐅᑲ NO ❒ ᖃᐅᔨᒪᖕᖏᑐᖓ I DON'T KNOW

3 - ᕿᑐᕐᖏᑦ ᐊᐅᐸᓪᓛᓚᐅᕐᓯᒪᕙ ᐅᑭᐅᖃᕐᓯᓂ ᐊᑕᐅᓯᐅᑉ ᐅᖓᑖᖓᓂ? ❒ ᐋ YES ❒ ᐊᐅᑲ NO ❒ ᖃᐅᔨᒪᖕᖏᑐᖓ I DON'T KNOW

ᔪᕕᓂᐅᑐᐊᕐᐸᑦ, ᓇᓗᓀᕐᓗᒍ ᕿᑐᕐᖓᐱᑦ ᖃᑦᓯᓂ ᐅᑭᐅᖃᕐᓂᕕᓂᖓ ᐊᐅᐸᓗᑦᑳᖃᕐᑐᕕᓂᐅᓚᐅᕐᑎᓗᒍ : ______________________

ᐊᕕᑦᑐᓯᒪᓂᖅ ᑕ – ᐊᖏᕈᑎᒃ

ᐅᑎᕐᑎᒍᒃ ᑖᓐᓇ ᐊᑎᓕᐅᕐᓯᒪᔪᖅ ᑕᑕᕐᓴᒐᑦᓴᔭᒃ ᐊᖏᕐᓯᒪᒍᕕᑦ ᐊᖏᕐᓯᒪᖕᖏᑯᕕᓪᓘᓃᑦ ᓵᕙᓗᑕᕐᑖᓂᕐᒧᑦ ᑳᐳᕐᑕᐅᓂᕐᒧᑦ

ᐊᖓᔪᖅᑳᕆᔭᐅᑦᓯᓂ ᑲᒪᔨᒋᔭᐅᑦᓯᓂᓪᓘᓃᑦ ᐅᑭᐅᓕᒻᒧᑦ 14 ᐊᑖᓂ, ᐃᑉᐱᒋᔭᑦᓴᔭᖅᑲᖅᑯᑎᑦ ᑐᑭᑖᕐᓂᓄᑦ ᐱᔾᔪᑎᒋᓗᒍ ᓵᕙᓗᑕᕐᑖᓂᕐᒧᑦ ᑳᐳᕐᑕᐅᓂᕐᒧᑦ ᑖᑦᓯᒧᖓ ᐱᐊᕋᕐᒧᑦ ᐊᒻᒪᓗᒋᐊᓪᓚᒃ ᐁᑦᑑᑎᖅᑲᕐᓂᒥᒃ ᓇᒻᒥᓂᕐᓄᐊᖓᔪᓂᒃ ᑐᓴᕐᕋᑦᓴᓂᒃ ᑖᒃᑯᓄᖕᖓᓕᖕᖓᔪᓂᒃ

ᑐᑭᓯᒪᑎᑦᓯᒍᑏᑦ ᐱᕕᖅᑎᓯᕗᑦ ᐃᓕᓐᓂᒃ ᑐᑭᑖᑦᓯᐊᕈᓐᓇᓂᕐᒧᑦ ᑖᑦᓯᒥᖓ ᑕᑕᕐᓴᒐᑦᓴᔭᒥᒃ. ᐃᓗᓐᓇᓯᐊᖏᓐᓄᑦ ᐊᓯᒋᐊᓪᓚᖏᓐᓄᑦ ᑐᑭᓯᒪᑎᑦᓯᒍᑎᓄ ᑕᒪᑦᓯᒪ ᓵᕙᓗᑕᕐᖃᕐᓂᕐᒧᑦ ᑳᐳᕐᑕᐅᓂᕐᒨᓕᖓᔪᓚᒫᓄᑦ, ᖃᐅᔨᒋᐊᕐᑯᔨᕙᒍᑦ ᐃᓕᓐᓂᒃ ᐋᓐᓂᐊᕕᕐᑯᑎᑦᓯᓄᑦ (ᐋᓐᓂᐊᓯᐅᕐᑕᕕᒃ ᐅᕙᓘᓐᓃᑦ ᐃᓗᓯᕐᓯᓯᐊᕐᕕᓕᖅᕕᒃ).

ᐊᖏᕐᐲᑦ ᐅᑯᓂᖓ ᑲᐱᔭᐅᒍᑎᐅᕐᑯᔭᐅᔪᓂᒃ ᕿᑐᕐᖓᐱᑦ ᑲᐱᔭᐅᓯᒪᐅᑎᒋᓕᕐᑕᖏᑦ ᒪᓕᑦᓯᒋᑦ?

1.	ᑳᐳᑎ ᓵᕙᓗᑕᖃᓐᓂᒧᑦ : **ᑖᒃᑯᐊ ᖃᓐᓂᒪᓴᑦ DIPHTHERIA, PERTUSSIS, TETANUS ᐊᒻᒪᓗ POLIOMYELITIS**	❒ **ᐊᖏᕐᐳᖓ** - I ACCEPT	❒ **ᐊᐅᒃᑳᕐᑯᖓ** - I REFUSE
2.	ᑳᐳᑎ ᓵᕙᓗᑕᖃᓐᓂᒧᑦ : ______________________	❒ **ᐊᖏᕐᐳᖓ** - I ACCEPT	❒ **ᐊᐅᒃᑳᕐᑯᖓ** - I REFUSE
3.	ᑳᐳᑎ ᓵᕙᓗᑕᖃᓐᓂᒧᑦ : ______________________	❒ **ᐊᖏᕐᐳᖓ** - I ACCEPT	❒ **ᐊᐅᒃᑳᕐᑯᖓ** - I REFUSE
4.	ᑳᐳᑎ ᓵᕙᓗᑕᖃᓐᓂᒧᑦ : ______________________	❒ **ᐊᖏᕐᐳᖓ** - I ACCEPT	❒ **ᐊᐅᒃᑳᕐᑯᖓ** - I REFUSE

______________________________ ______________________
ᐊᑎᓕᐅᕐᕕᒃ ᐊᓈᓇᖓᑕ ᐋᑖᑕᖓᑕ ᑲᒪᔨᒋᔭᖓᓄᓪᓘᓃᑦ ᐅᓪᓗᖅ (yyyy/mm/dd)

____
ᑭᓇᒋᔭᐅᓂᖅ (ᐊᓈᓇᖓ ᐊᑖᑕᖓ ᑲᒪᔨᒋᔭᖓᓄᓪᓘᓃᑦ)