







CTU-0246

SCHOOL VACCINATION 4TH GRADE

CONSENT FORM FOR PARENTS / GUARDIAN							
SECTION A – IDENTIFICATION OF CHILD							
Last name :	First name:						
Date of birth (yyyy/mm/dd) :	Gender :	\square M	□F				
Names of parents or guardian							
Mother : Father :						<u> </u>	
Guardian :							
SECTION B - CHILD'S MEDICAL AND VACCINATION	N HISTORY						
1 - Has your child ever had a serious allergic read emergency medical care?	ction that require	d		☐ YES	□ NO		DON'T KNOW
2 - Does your child have immune-system problem (e.g. leukemia) or medication (e.g. chemothera		se		☐ YES	□ NO		DON'T KNOW
3 - Has your child ever had chickenpox when he	or she was over 1	1 year old	1?	☐ YES	□ NO		DON'T KNOW
If YES, please indicate your child's approximate age at	the time of chicker	npox :					
SECTION C - CONSENT							
RETURN THIS SIGNED FORM WHETHER OR NOT YOU CO							
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.							
Do you accept the following recommended vacc	ines according to	your ch	ild's c	urrent va	ccination	status?	
Vaccine against : HEPATITIS A						CCEPT	☐ I REFUSE
2. Vaccine against : HUMAN PAPILLOMAV	'IRUS (HPV)					CCEPT	☐ I REFUSE
Vaccine against :						CCEPT	☐ I REFUSE
4. Vaccine against :			=		□IA	CCEPT	☐ I REFUSE
Signature of mother, father of guardian Date (yyyy/mm/dd)							
Relationship (mother, father or guardian)							



CTU-0246

Nom, prénom :	
# Dossier :	

d ግጉ C ር ነህ ር ነ ነ $^{\circ}$ - d ግ ሀ ላ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ ነ						
\$\d\C\\\\\\ \d\\\\\\\\\\\\\\\\\\\\\\\\\\						
d∩21°U: d∩°U	:					
 ∆ف⊂`&~ل⊂ ▷⁻ــــ^ل (yyyy/mm/dd) :						
₽₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩₩						
طفه¹: طفه¹:						
6L ₂ ^b :						
₫₫°₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽₽	≻ ∩°۲°					
1 - ἀ·┲ϤϒϷʹϹϷϹϤʹϴϲͺʹϔͰϲϲ ά·ͼ϶ϤϒϷʹϹϷϹϤʹϴϲͺʹϔͰϲ;	YES NO I DON'T KNOW					
2 -	YES NO I DON'T KNOW					
3- ℉⊃∿ๅҁ∢ѻ≺-೯೯८०८۲४ ⊳६०₽१० ४८०५० ०००९० ०००८०	□ ዻ □ ⊲⊳ь □ も>}L∿かつ℃ YES NO I DON'T KNOW					
√&σÞ⊃Ϥʹ<ʹ, ႭჂჾʹჂͿ ᡩϽʹჼႱჽペ ႪϓԺ Þ₽ԵϐʹႫ&Ⴋჼし ◁Þ<ጏ°ĊĠϐჼΞ	D&&PCPNJ:					
△ &°⊃√Lσ% C – △ °Ր?∩%						
⋖°Ր°Å° ⊳ᲫԺ°Ს Ხ⋀ᢣ⊳⅃⋂⋗ʻℲ ᢣ⊳⊀Ժ° ℉⊃ °°Ს⋀° Ხ⋀ ᢣ⊳ ∤L⊳∩Ր ୯ °С°Ր° L ୯° ረҮՐ°?						
1. bゝ∩ ५ゝ→Cも゚σ」 ゚ ゚ もσ゚L५゚゚ - HEPATITIS A	□ ⊲ ጐዮ′>ጐኒ - I ACCEPT □ ⊲⊳ե ′′ೖ∿ኒ - I REFUSE					
、 らう ハンコー トラコー ・ PAPILLOMAVIRUS (HPV)	□ ⊲ ኄዮኄ≻ኄ - I ACCEPT □ ⊲⊳ኔ ናሪያኄ - I REFUSE					
3. らうハ らうしてもって」 :	□ ዻኄዮኄ>ኄ - I ACCEPT □ ⊲ዾቴኄኄሪኄ - I REFUSE					
4. b>∩ ヘ>೨C゚b゚σ೨゚:	□ ⊲ጐዮ°>ጐሁ - I ACCEPT □ ⊲ÞĠ°°dጐሁ - I REFUSE					
	トニュ [®] (yyyy/mm/dd)					
የュቦን> σ^{s_0} (ላኔ α^{t_0} ላ \dot{C} ር% bLትቦታ%ሁ σ^{t_0} $\dot{\sigma}^{t_0}$)						

F-0246 (rév. 07-2025) Consent / 4th grade Page 2 sur 2