

School Immunizations Consent Form



Client Information (please print)

Surname _____ Given Names _____
 Address of residence _____ City/Town _____ Postal Code _____
 Phone Number _____ Email _____
 Sex Male / Female / X Date of Birth (yyyy/mm/dd) _____ / _____ / _____
 Manitoba Health Number (6 digits) _____ Personal Health Information Number (9 digits) _____

Informed Consent: Parents/legal guardians should discuss the information provided for the vaccines listed below with the child, and involve the child in the decision to provide consent to the immunization(s). Although a child may be immunized with the consent of a parent/legal guardian, a child is entitled to be informed about immunization(s) and may provide consent to immunization(s) if the person administering the vaccine believes the child understands the risks and benefits of the vaccine(s). Please refer to the Informed Consent Guidelines located at: www.manitoba.ca/health/publichealth/cdc/protocol/consentguidelines.pdf.

Complete this Section

The immunization record we have on file for the youth in your household was mailed to you. If it is incomplete or incorrect, bring all documentation to the immunization appointment to be reviewed. Only school immunizations that are still needed will be given.

For each immunization, check Yes or NO, and then sign and date the Informed Consent section below.

Immunization

I want my child immunized / I want to be immunized

| | | |
|---|------------------------------|-----------------------------|
| Hepatitis B vaccine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Meningococcal Conjugate Quadrivalent (Men-C-ACYW-135) vaccine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Human papillomavirus (HPV) vaccine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tetanus, diphtheria and acellular pertussis (Tdap) vaccine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Tetanus, diphtheria, acellular pertussis and polio (Tdap-IPV) vaccine | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Health History of Client

1. Has your child ever had a serious or life-threatening allergic reaction? Yes No
 If yes, to what? _____

2. Is your child's immune system affected by a severe disease or medication? Yes No
 If yes, please describe. _____

3. Does your child have a condition that may affect the ability to be immunized (e.g. pregnant, anxiety, etc.)? Yes No
 If yes, please describe. _____

4. Has your child already received one or two doses of COVID-19 vaccine? Yes No
 If yes, when? _____

Informed Consent

I have read and understood the factsheet(s) regarding the risks and benefits of the vaccine(s) that I am consenting be administered to the above named person. Some vaccines require more than one dose within the year; my consent applies to all doses of the vaccine(s) necessary to complete the series up to one year. I have had the opportunity to ask questions about the vaccine(s) which were answered to my satisfaction.

Complete ONLY ONE of the following two options:

1. Consent by parent or legal guardian

I consent to the above named person receiving the vaccine(s) listed above.
 Name _____
 Relationship _____
 Phone number _____
 Date (yyyy/mm/dd) _____
 Signature _____

2. Consent by above named client (mature minor)

I consent to receiving the vaccine(s) listed above.
 Date (yyyy/mm/dd) _____
 Signature _____

Racial, Ethnic or Indigenous Identity

Public health has been collecting information about the racial, ethnic, Indigenous identity of individuals who are diagnosed with COVID-19 since May 2020. The following questions will help assess vaccine coverage and determine the need for increased vaccine accessibility in different communities. We recognize that this list of racial or ethnic identifiers may not exactly match how you would describe yourself. Keeping that in mind, which of the following best describes the racial or ethnic community that you belong to?

African Black Chinese Filipino Latin American North American Indigenous – that is, First Nations, Metis or Inuit
 South Asian Southeast Asian White Other _____ Prefer not to answer

If you identified as North American Indigenous, do you identify as: First Nations Metis Inuit Not Applicable

Notice: Information about the immunizations you or your dependent(s) receive may be recorded in the provincial immunization registry. This registry allows your health care providers to find out what immunizations you or your dependent(s) have had or need to have. Information collected in the provincial immunization registry may be used to produce immunization records, or notify you or your doctor if a particular immunization has been missed. Manitoba Health and Seniors Care may use the information to monitor how well different vaccines work in preventing disease. The Personal Health Information Act protects your information. You can have your personal health information hidden from view from health care providers. For more information, please contact your local public health office to speak with a public health nurse www.manitoba.ca/health/publichealth/offices.html.

THE FOLLOWING SECTION TO BE COMPLETED BY THE IMMUNIZATION PROVIDER

| Clinic Location _____ | | | | | | | | |
|---|------------|-------|--------------|-------|------|------|-----------------------|------------|
| <input type="checkbox"/> Check this box if verbal consent has been obtained because parent/legal guardian/client are unable to sign above Informed Consent section. | | | | | | | | |
| <input type="checkbox"/> Check this box to confirm the Clinical Assessment was conducted and consent was obtained for each vaccine the client was given. | | | | | | | | |
| Vaccine | Date Y/M/D | Lot # | Manufacturer | Route | Dose | Site | Immunizer's Signature | Data Entry |
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