

# 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](http://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

