



CONSENT FOR SCHOOL IMMUNIZATIONS GRADE 9

SECTION 1: CHILD'S PERSONAL INFORMATION			
Last name	First name	Date of birth YYYY/MM/DD	<input type="checkbox"/> Male <input type="checkbox"/> Female
School and class name		Health card #	
Name of parent/guardian		Relationship to child	
Day phone	Evening phone	Cell phone	
Alert: Has your child ever had a serious or life threatening allergic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Allergies: Has your child had previous reaction to immunization? <input type="checkbox"/> Yes <input type="checkbox"/> No		Chronic condition:	

SECTION 2: CONSENT		
For each vaccine listed below, check yes or no, sign and date. It is very important that you complete and return this form.		
I understand the information in the Yukon Immunization Information Sheets for the immunizations listed below. I understand the benefits and possible reactions for each immunization and the risk of not getting immunized. I have had the opportunity to ask questions. I understand this consent is valid for the vaccine(s) listed below unless the consent is cancelled.		
I understand that the community health nurse will review my child's personal immunization record and offer only those immunizations that are required in order to provide complete protection according to the Yukon Immunization Schedule.		
Tetanus-Diphtheria-aPertussis		
I want my child immunized <input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent	Signature	Date YYYY/MM/DD
Meningococcal Quadrivalent Conjugate		
I want my child immunized <input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent	Signature	Date YYYY/MM/DD
Measles-Mumps-Rubella		
I want my child immunized <input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent	Signature	Date YYYY/MM/DD

SECTION 3: PUBLIC HEALTH USE ONLY – TELEPHONE OR MATURE MINOR CONSENT		
Telephone consent obtained from:	For: Tdap <input type="checkbox"/> Yes <input type="checkbox"/> No Men-C - A,C,Y,W-135 <input type="checkbox"/> Yes <input type="checkbox"/> No MMR <input type="checkbox"/> Yes <input type="checkbox"/> No	Nurse's signature:
Relationship to child:		Date:
MATURE MINOR CONSENT		
Student signature:	For: Tdap <input type="checkbox"/> Yes <input type="checkbox"/> No Men-C - A,C,Y,W-135 <input type="checkbox"/> Yes <input type="checkbox"/> No MMR <input type="checkbox"/> Yes <input type="checkbox"/> No	Nurse's signature:
		Date:

Information contained in this form is collected, used and disclosed in accordance with Yukon's *Health Information Privacy and Management Act* and other applicable laws. A written statement of Health and Social Services information practices can viewed at www.hss.gov.yk.ca/healthprivacy.php or by contacting the department's Privacy Officer at healthprivacy@gov.yk.ca.