Yukon
Health and Social Services

CONSENT FOR SCHOOL IMMUNIZATIONS GRADE 9

SECTION 1: CHILD'S PERSONAL INFORMATION

Last Name	First Name	Birth Date YYYY/MM/DD	☐ Male ☐ Female
School & 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? ☐ Yes ☐ No

ALLERGIES: Has your child had previous reaction to immunization? ☐ Yes ☐ 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 canceled.

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 ☐ I do consent ☐ I do not consent	Signature	Date YYYY/MM/DD
Meningococcal Quadrivalent Conjugate		
I want my child immunized ☐ I do consent ☐ I do not consent	Signature	Date YYYY/MM/DD
Measles-Mumps-Rubella		
I want my child immunized ☐ I do consent ☐ 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:			Nurse's signature:
	Tdap	☐ yes	☐ no	
Relationship to child:	Men-C - A,C,Y,W 135	☐ yes	☐ no	Date:
	MMR	☐ yes	☐ no	

MATURE MINOR CONSENT				
Student Signature:	For:			Nurse's signature:
	Tdap	☐ yes	☐ no	
	Men-C - A,C,Y,W 135	☐ yes	☐ no	Date:
	MMR	☐ yes	☐ no	

NOTE: The personal information collected on the consent form is collected by the Department of Health and Social Services for the purpose of maintaining a record of immunization and for public health. Collection of this personal information is authorized by s. 29(c) of the *Access to Information and Protection of Privacy Act*, S. 2.2 of the *Public Health and Safety Act* and the Communicable Diseases Regulation, C.O. 1961/48 under that Act, and s. 4(2) of the *Health Act*. If you have questions about the collection of this information, contact the Nurse in Charge, Whitehorse Health Centre, 456-3844 or your local Community Health Centre.

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