

PHN check: _____
Date: _____
PHN check: _____
Date: _____

Consent for Grade 6, 7, and 8 Immunizations

A. Personal Information:

Surname	Given Names	Age	Sex	School	Grade	Classroom

Date of Birth (year/month/day) ____/____/____

Personal Health Information Number (9 digits) _____ Manitoba Health Number (6 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

According to the Manitoba Routine Childhood Immunization schedule, your child is eligible for the following vaccines below

- | | | | |
|---|----------------|--------------------------|---------------------------|
| • Hepatitis B Vaccine (HBV) - 2 doses | Grade 6 | fall & spring | *Missed Grades 7-8 |
| • Human Papillomavirus Vaccine (HPV9) - 2 doses | Grade 6 | fall & spring | *Missed Grades 7-8 |
| • Meningococcal Vaccine (Men-C-ACYW-135)- 1 dose | Grade 6 | fall | *Missed Grades 7-8 |
| • Tetanus, Diphtheria, Pertussis (Tdap) or Tetanus, Diphtheria, Pertussis, Polio (Tdap-IPV)- 1 dose; additional dose(s) may be due | Grade 8 | fall or spring | |

B. Health History of Client:

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

2. Has your child ever had a reaction to a vaccine? No Yes
If yes, please describe: _____

3. Does your child have any health conditions that require regular visits to a doctor?..... No Yes
If yes, please describe _____

4. Is your child pregnant? No Yes N/A

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.

Check Yes OR No for each of these vaccines:

Hepatitis B Vaccine (HBV)	<input type="checkbox"/> Yes I do consent	<input type="checkbox"/> No I do not consent
Human Papillomavirus Vaccine (HPV9)	<input type="checkbox"/> Yes I do consent	<input type="checkbox"/> No I do not consent
Meningococcal Vaccine (Men-C-ACYW-135)	<input type="checkbox"/> Yes I do consent	<input type="checkbox"/> No I do not consent
Tdap OR Tdap-IPV <i>*additional doses may be due</i>	<input type="checkbox"/> Yes I do consent	<input type="checkbox"/> No I do not consent

Signature: _____ **Print name:** _____ **Date:** ____/____/____
Parent or legal decision-maker or the above-named client (mature minor) *Year / Month / Day*

Relationship: _____ **Telephone Numbers: (Home)** _____ **(Work)** _____

(Cell) _____ **Email (optional):** _____

Racial, Ethnic or Indigenous Identity

Public health has been collecting information about the racial, ethnic, Indigenous identity of individuals 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, Métis or Inuit. If you identified as North American Indigenous, do you identify as: First Nations Métis Inuit Not Applicable
 South Asian Southeast Asian White Other _____ Prefer not to answer

Notice: Immunizations are recorded in the provincial immunization registry. If you would like more information or have any questions please speak to your health care provider. All information recorded will be protected in accordance with the Protection of Privacy provisions of The Personal Health Information Act.

Surname: _____ Given Name: _____ Personal Health Information Number: _____

Grade: _____ School: _____

C. Section to be completed by the Immunization Provider: **Verbal Consent:** The parent or legal decision-maker has been made aware of the benefits and the risks of the vaccine(s) offered to the above person and consents for the child to be immunized.

Date: _____ Provider signature: _____

Vaccine	Manufacturer	Lot #	Site	Route	Dose	Date y/m/d	Provider Signature	PHIMS Entered

Notes : _____

