

Consent for COVID-19 Vaccine for Children

Parents/Guardians: Use a pen to complete sections 1, 2, and 3. parent/guardian must attend immunization with children age 11 and under or designate an alternate on the signed consent form – to be presented at time of immunization. For children age 12 and up, a signed consent form is required when a parent/guardian is not present.

SECTION 1: CHILD'S PERSONAL INFORMATION (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)				
Child's Last Name	Child's First Name	Child's Gender M F Other: _____	Birthdate YY/MM/DD	
Health Services Number	Address/PO Box, Town, Postal Code		School	
Parent/Guardian Name (print)	Cell Phone ()	May we text you? Yes No	Preferred Phone Number ()	Teacher
Your Relationship to this Child (e.g., mother)		Parent/Guardian Email Address		
SECTION 2: CHILD'S HEALTH CHECKLIST (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)				
1. Does this person have any allergies, including to any of the Pfizer or Moderna COVID-19 vaccine ingredients, medicines, cosmetics, or foods (e.g. PEG)? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe:				
2a. Has this person had a COVID-19 vaccine before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, state date of immunization: YY/MM/DD				
2b. Has this person had a side effect from a COVID-19 or other vaccine? <input type="checkbox"/> No <input type="checkbox"/> Yes Describe:				
3. Is this person taking any medicines? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, list:				
SECTION 3: CONSENT FOR IMMUNIZATION (PARENT/GUARDIAN MUST READ THIS SECTION)				
<ul style="list-style-type: none"> I have read the information in the Pfizer (12 + years) or Moderna (6months and older) vaccine information sheet. I have had the opportunity to ask questions and they were answered to my satisfaction. I understand the benefits and possible reactions (side effects) for the vaccine. I understand the potential disease risks to my child if they do not get immunized. I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided to my child. I understand that when a vaccine series requires more than one dose, my consent continues until all required doses of the vaccine have been provided to my child, unless I let the Public Health Nurse know that I cancel my consent. <p>As a parent/guardian of this child, I understand and acknowledge that it is my responsibility to:</p> <ul style="list-style-type: none"> Seek medical attention should my child have an unusual or severe reaction following immunization. If this occurs, I will seek treatment for my child and notify public health immediately. Inform the nurse of any changes to my child's health status set out in Section 2 that arise after signing this consent form. It is recommended that parents/guardians discuss consent for immunization with their children. Efforts are first made to get parental/guardian consent for immunizations. However, children 13 years and older who understand the benefits and possible reactions for each vaccine and the risks of not getting immunized, can legally consent to receive or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider. 				
A PARENT/GUARDIAN MUST CHECK YES OR NO, AND THEN SIGN AND DATE FOR THE VACCINE LISTED BELOW				
I HAVE READ AND BEEN FULLY INFORMED REGARDING THE ABOVE INFORMATION.				
I CONSENT FOR MY CHILD TO GET IMMUNIZED WITH AN AGE-APPROPRIATE COVID-19 VACCINE . <input type="checkbox"/> Yes <input type="checkbox"/> No				
I DESIGNATE _____ TO ACCOMPANY MY CHILD TO THE VACCINATION APPOINTMENT IF I AM UNABLE TO ATTEND.				
NAME				
SIGNATURE OF PARENT/GUARDIAN _____ DATE _____ YY/MM/DD				

10/2024

SECTION 4: IMMUNIZER USE ONLY

Child's Name:

DOB YY/MM/DD

HSN#

Date consent directive entered into Panorama:

YY/MM/DD

Initials:

Use this section if Point of Service documentation is unavailable.

**POS /
Entered**

Date given	Vaccine Brand	Dose #	Lot #	Dosage	Route	Site	Nurse signature	POS / Entered
YY/MM/DD		1		mL	IM	LA RA		
YY/MM/DD		2		mL	IM	LA RA		

Verbal consent obtained

Mature minor consent obtained

Notes:

Parent/Guardian name

Child's signature

Phone number

Date & time YY/MM/DD

Date & time YY/MM/DD

Immunizer's signature

10/2024