

Consent for COVID-19 Vaccine for Children

Parents/Guardians: Complete sections 1, 2, 3 clearly in pen.

Completed, signed consent must be presented at the time of vaccination.

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 ()
Your Relationship to this Child (e.g., mother)		Parent/Guardian Email Address	

DO NOT ATTEND FOR IMMUNIZATION IF YOU ARE CURRENTLY ON ISOLATION DUE TO A RECENT POSTIVE COVID TEST, ARE HAVING COVID SYMPTOMS OR HAVE BEEN NAMED AS A CLOSE CONTACT.

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 BioNTech** or **Moderna** COVID-19 vaccine ingredients, medicines, cosmetics, or foods (e.g. PEG)? No Yes If yes, describe _____
- 2a. Has this person had a COVID-19 vaccine before? No Yes If yes, state COVID-19 vaccine brand (e.g., **Pfizer BioNTech** or **Moderna**), date of immunization and dose number _____
- 2b. Has this person had a side effect from a COVID-19 or other vaccine? No Yes Describe _____
3. Is this person taking any medicines? No Yes If yes, list _____

SECTION 3: CONSENT FOR IMMUNIZATION (PARENT/GUARDIAN MUST READ THIS SECTION)

- I have read the information in the **Pfizer BioNTech** and **Moderna** vaccine information sheet provided.
- 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 school Public Health Nurse know that I cancel my consent.

As a parent/guardian of this child, I understand and acknowledge that it is my responsibility to:

- 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 school 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 are able to 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 THE **PFIZER BIOTECH COVID-19** VACCINE SERIES. YES NO

OR

I CONSENT FOR MY CHILD TO GET IMMUNIZED WITH THE **MODERNA COVID-19** VACCINE SERIES. YES NO

SIGNATURE _____ DATE _____ YY/MM/DD

08/2021

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