

Vaccination of children under 14 years old

CONSENT FORM FOR PARENTS/GUARDIANS



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UNGAVA TULATTAVIK HEALTH CENTER
CENTRE DE SANTÉ TULATTAVIK DE L'UNGAVA

SECTION A - IDENTIFICATION OF CHILD

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH: YYYY / MM / DD

GENDER: M F

NAMES OF PARENTS OR GUARDIAN

MOTHER: _____ FATHER: _____

GUARDIAN: _____

SECTION B - CHILD'S MEDICAL AND VACCINATION HISTORY

1. Has your child ever had a serious allergic reaction that required emergency medical care? YES NO I DON'T KNOW

2. Does your child have immune-system problems due to a disease (e.g. leukemia) or medication (e.g. chemotherapy)? YES NO I DON'T KNOW

3. Have you noticed a change in your child's state of health? YES NO I DON'T KNOW

If YES, explain: _____

4. Has your child ever had chickenpox when he or she was over 1 year old? YES NO I DON'T KNOW

If YES, please indicate your child's approximate age at the time of chickenpox : _____

SECTION C - CONSENT

As the parent or guardian of a child under 14 years, you are responsible for decisions concerning vaccination for that child as well as the transmission of personal information concerning him or her.

Explanations to help you make an informed decision are provided with this form. If you would like additional information about vaccination programs, please contact your local CLSC or speak with the school nurse.

Do you accept or refuse this vaccine for your child?

1. Vaccine against : _____ Vaccine name : _____ I AGREE I REFUSE

2. Vaccine against : _____ Vaccine name : _____ I AGREE I REFUSE

3. Vaccine against : _____ Vaccine name : _____ I AGREE I REFUSE

4. Vaccine against : _____ Vaccine name : _____ I AGREE I REFUSE

DATE: YYYY / MM / DD

Signature of Mother, Father or Guardian

Relationship (Mother, Father or Guardian)

RETURN THIS SIGNED FORM WHETHER OR NOT YOU CONSENT TO VACCINATION

Prévention
et contrôle
des maladies
infectieuses



Prevention
& Control
of Infectious
Diseases

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RÉGION RÉGIONALE DE LA NUNAVUT, REGIONAL
SANTÉ DES SERVICES BOARD OF HEALTH
SOCIAUX DU NUNAVUT, AND SOCIAL SERVICES