BRITISH COLUMBIA | Ministry of Health

CONSENT FOR GRADE 6 IMMUNIZATIONS

Last Name	First Name	School	Div / Teacher

Preferred Name	Name of Parent / Guardian / Representative	Relationship to Child

Birthdate (YYYY / MM / DD)	Personal Health Number (PHN)	ALERT	Has your child ever had a serious or life-threatening allergic reaction? ◯ No ◯ Yes (To What?):
Primary Contact Number	Secondary Contact Number		Is your child's immune system affected by a severe disease or medication? ◯ No ◯ Yes

PARENT / GUARDIAN / REPRESENTATIVE – For the vaccine listed below, check Yes or No, sign and date.
I understand the information in the HealthLinkBC File for the vaccine listed below. I understand the benefits and possible reactions for the vaccine and the risk of not getting immunized. I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided. I have had the opportunity to ask questions that were answered to my satisfaction. I understand this consent is valid for two years for the vaccine series listed below unless I cancel it.

PARENT / GUARDIAN / REPRESENTATIVE USE ONLY			PUBLIC HEALTH USE ONLY – CHILD'S IMMUNIZATION RECORD				
Human Papillomavirus 9 (HPV9) vaccine							
If your child has had 2 or more doses of any HPV vaccine at least 6 months apart, they **DO NOT** need this vaccine. If they have, please give dates:				Date YYYY / MM / DD	SITE	LOT #	NURSE SIGNATURE
1. YYYY / MM / DD	2. YYYY / MM / DD	3. YYYY / MM / DD	1ST DOSE		◯ LA ◯ RA		
I want my child immunized: ◯ **Yes** ◯ **No**			2ND DOSE		◯ LA ◯ RA		
Signature		Date (YYYY / MM / DD)	☐ **Series Complete - no further doses required** NURSE'S NOTES				

PUBLIC HEALTH USE ONLY – TELEPHONE CONSENT			
Telephone Consent Obtained From	For **HPV9** ◯ **Yes** ◯ **No**	Phone Number Called	Date (YYYY / MM / DD)
Relationship To Child		Nurse Signature	Time ◯ AM ◯ PM

Personal information collected on this form will be used by the health authority to update the student's immunization record. The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. Summary statistical information may be reported to the Ministry of Health. If you have any questions about the collection and use of this personal information, contact your local public health nurse. You may be contacted to request your participation in the evaluation of this school immunization program.

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