BRITISH COLUMBIA | Ministry of Health

CONSENT FOR COVID-19 IMMUNIZATION

Last Name	First Name	School (if applicable)	Div / Teacher (if applicable)

Gender (specify)	Birthdate (YYYY / MM / DD)	Personal Health Number (PHN)	Name of Parent / Guardian / Representative	Relationship to Child

Home Phone	Cell Phone	ALERT	Has your child ever had a serious or life-threatening allergic reaction? ◯ No ◯ Yes (to what?)
Alternate Phone(s)			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 (https://www.healthlinkbc.ca/healthlinkbc-files/covid-19-vaccines) 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 listed below unless I cancel it.

PARENT / GUARDIAN / REPRESENTATIVE USE ONLY

COVID-19 Vaccine

If your child has received one or more doses of COVID-19 vaccine, please give brand name and date(s):

Vaccine Dose #1 Brand Name	YYYY / MM / DD
Vaccine Dose #2 Brand Name	YYYY / MM / DD

I want my child immunized: ◯ **Yes** ◯ **No**

Signature	Date (YYYY / MM / DD)

PUBLIC HEALTH USE ONLY – CHILD'S IMMUNIZATION RECORD

	Date YYYY / MM / DD	Site	Lot #	Health Care Provider Signature
1ST Dose		◯ LA ◯ RA		
2ND Dose		◯ LA ◯ RA		

Health Care Provider Notes

PUBLIC HEALTH USE ONLY – TELEPHONE CONSENT

Telephone Consent Obtained From	For: **COVID-19 Vaccine** ◯ **Yes** ◯ **No**	Phone Number Called	Date (YYYY / MM / DD)
Relationship to Child		Health Care Provider Signature	Time ◯ AM ◯ PM

Personal information collected on this form will be used by the health authority to update the child'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.

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