



IMPORTANT: COMPLETE AND RETURN THIS FORM TO THE SCHOOL

If you have any questions, please contact your local Health Unit – phone number \_\_\_\_\_

CLIENT (CHILD / YOUTH) INFORMATION

Table with 5 columns: Last Name, First Name, Preferred Name, Birthdate (YYYY / MM / DD), Personal Health Number (PHN)

PARENT / GUARDIAN / REPRESENTATIVE SECTION

For each question and immunization listed below, check Yes or No, then sign and date below.

- 1. Has your child ever had a serious or life-threatening allergic reaction?
2. Is your child's immune system affected by a severe disease or medication?
3. Has your child ever had lab-confirmed chickenpox disease or shingles?
4. Do you identify your child as an Indigenous person?
5. Do you have an immunization record that includes one or more doses of the vaccine(s) indicated below?

\*\* If yes, please attach a copy of the record. We will review the record and only give immunizations that are still needed.

Based on the BC Immunization Schedule and our records, we recommend that your child be immunized for the disease(s) listed below.

I understand the information in the HealthLinkBC File(s) for the vaccine(s) listed in this section. I understand the benefits and possible reactions for each vaccine and the risk of not getting immunized.

Table with columns for 'I want my child immunized for:', 'Yes', 'No', 'Print Name', 'Date (YYYY / MM / DD)', 'Signature', 'Indicate if you are the: Parent, or Legal Guardian, or Representative', 'Primary Contact Number', 'Secondary Contact Number'

PUBLIC HEALTH USE ONLY

Table with 8 columns: Immunization Administered, Date Administered (YYYY-MM-DD), Site (LA/RA), Route, Dose #, Lot #, Nurse Signature, Nurse's Notes

Table for Telephone Consent with columns: Telephone Consent Obtained From, Relationship to Child, Phone Number Called, Date (YYYY / MM / DD), Nurse Signature, Time (AM/PM), For:, Yes, No

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.