



CONSENT FOR MEASLES, MUMPS AND RUBELLA IMMUNIZATION

Form with fields: LAST NAME, FIRST NAME, SCHOOL, DIV / TEACHER, GENDER (SPECIFY), BIRTHDATE (YYYY / MM / DD), PERSONAL HEALTH NUMBER (PHN), NAME OF PARENT / GUARDIAN / REPRESENTATIVE, RELATIONSHIP TO CHILD, HOME PHONE, CELL PHONE, ALTERNATE PHONE(S), HAS YOUR CHILD EVER HAD A SERIOUS OR LIFE-THREATENING ALLERGIC REACTION?, IS YOUR CHILD'S IMMUNE SYSTEM AFFECTED BY A SEVERE DISEASE OR MEDICATION? Includes an ALERT box.

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 listed below unless I cancel it.

Mature Minor Consent: Parents/guardians and representatives should make every effort to discuss the information in the HealthLinkBC File for the vaccine listed below with the child, and to involve the child as much as possible in the decision to provide consent to immunization. Although a child may be immunized with the consent of a parent/guardian or representative, a child is entitled to be informed about immunization and may provide consent to immunization if the person administering the vaccine is sure that the child understands the benefits of, and possible reactions to, the vaccine, and the risk of not getting immunized.

Form with two main sections: PARENT / GUARDIAN / REPRESENTATIVE USE ONLY and PUBLIC HEALTH USE ONLY – CHILD'S IMMUNIZATION RECORD. Includes fields for vaccine doses, dates, site, lot number, nurse signature, and consent checkboxes.

PUBLIC HEALTH USE ONLY – MATURE MINOR CONSENT form. Includes fields for parent/guardian consent, child signature, nurse signature, date, and time.

PUBLIC HEALTH USE ONLY – TELEPHONE CONSENT form. Includes fields for telephone consent source, relationship to child, phone number called, nurse signature, date, and time.

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.