



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.

Mature Minor Consent: Parents/guardians and representatives should make every effort to discuss the information in the HealthLinkBC File(s) for the vaccines listed below with the child, and to involve the child as much as possible in the decision to provide consent to immunization.

Form with columns for 'I want my child immunized for:' (Yes/No) and a large text area for consent. Includes fields for Print Name, Signature, Date, Primary Contact Number, and 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

Form with columns for Telephone Consent, Mature Minor Consent, and For: (Yes/No). Includes fields for Telephone Consent Obtained From, Relationship to Child, Phone Number Called, Date, Time, and Nurse Signatures.

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.