CTU-0244

Dossier :

Nom :

Prénom :

DDN :

NAM :

KINDERGARDEN CHILDREN VACCINATION (4 – 6 Y. O.)

CONSENT FORM FOR PARENTS / GUARDIAN

SECTION A – IDENTIFICATION OF CHILD

Name of parents or guardian

Mother : _____ Father : _____

Guardian : _____

SECTION B – CHILD'S MEDICAL AND VACCINATION HISTORY

1 -	**Has your child ever had a serious allergic reaction that required emergency medical care?**	❒ YES	❒ NO	❒ I DON'T KNOW
2 -	**Does your child have immune-system problems due to a disease (e.g. leukemia) or medication (e.g. chemotherapy)?**	❒ YES	❒ NO	❒ I DON'T KNOW
3 -	**Has your child ever had chickenpox when he or she was over 1 year old ?**	❒ YES	❒ NO	❒ I DON'T KNOW

If YES, please indicate your child's approximate age at the time of chickenpox : _____

SECTION C - CONSENT

RETURN THIS SIGNED FORM WHETHER OR NOT YOU CONSENT TO VACCINATION

As the parent or guardian of a child under 14 years, you are responsible for decisions concerning vaccination for that child as well as the transmission of personal information concerning them.

The information enabling you to make an informed decision is provided with this form. For all additional information on the vaccination programs, we invite you to contact your health centre (CLSC or health centre).

Do you accept the following recommended vaccines according to your child's current vaccination status?

1.	Vaccine against : **DIPHTHERIA, PERTUSSIS, TETANUS AND POLIOMYELITIS**	❒ I ACCEPT	❒ I REFUSE
2.	Vaccine against : _____	❒ I ACCEPT	❒ I REFUSE
3.	Vaccine against : _____	❒ I ACCEPT	❒ I REFUSE
4.	Vaccine against : _____	❒ I ACCEPT	❒ I REFUSE

_____ _____

Signature of mother, father of guardian Date (yyyy/mm/dd)

_____

Relationship (mother, father or guardian)

CTU-0244

Nom, prénom : _____

Dossier : _____

ᐃᓕᓐᓂᐊᕆᐊᖕᖓᑐᓄᑦ ᐱᐊᕋᕐᓄᑦ ᓴᐳᓗᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᖅ (4 – 6 ᐅᑭᐅᓖᑦ.)

ᐊᖏᕈᑎᒃ ᑕᑕᕐᓴᒐᑦᓴᔭᖅ - ᐊᖓᔪᕐᕐᑲᕆᔭᐅᔪᓄᑦ/ᑲᒪᔨᒋᔭᐅᔪᓄᑦ

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐊ – ᐱᐊᕋᐅᑉ ᓇᓗᓐᒃᑯᑕᖓ

ᐊᑎᖏᑦ ᐊᖓᔪᕐᕐᑲᕆᔭᐅᔪᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑲᒪᔨᖏᑦ

ᐊᓈᓇᒃ: _____ ᐊᑖᑕᒃ: _____

ᑲᒪᔨᒃ: _____

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐸ – ᐱᐊᕋᐅᑉ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒍᑎᒋᓯᒪᔭᖏ ᑲᐱᔭᐅᓯᒪᐅᑎᖏᓪᓗ

1 - ᕿᑐᕐᖏᑦ ᑲᐳᕐᑕᕕᓂᐅᑦᓱᓂ ᓱᒃᑯᓚᕿᓚᐅᕐᓯᒪᕙ ᓱᒡᑐᒥᒃ ᐋᓐᓂᐊᓯᐅᑎᓄᑦ ᐅᐃᒪᓇᕐᓱᓚᕿᑦᓱᓂ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒋᐊᖃᓚᕿᓱᓂ? ❒ ᐋ YES ❒ ᐊᐅᑲ NO ❒ ᖃᐅᔨᒪᖕᖏᑐᖓ I DON'T KNOW

2 - ᐱᐊᔅᑦ ᐋᓐᓂᐊᓂᒃ ᑎᒥᖓ ᐸᒍᑎᒥᒃᓴᐳᓗᒐᕈᑦᓯᒪᕙ ᐋᓐᓂᐊᖃᕐᓂᒥᓄᑦ (ᐅᑦᑑᑎᒋᑦᓱᒍ ᐊᐅᒥᒍᑦ ᐋᓐᓂᐊᖅ) ᐋᓐᓂᐊᓯᐅᑎᑎᒍᓪᓗᓂᑦ (ᐅᑦᑑᑎᒋᑦᓱᒍ ᐆᑎᑎᕐᑕᐅᓂᒃᑯᑦ)? ❒ ᐋ YES ❒ ᐊᐅᑲ NO ❒ ᖃᐅᔨᒪᖕᖏᑐᖓ I DON'T KNOW

3 - ᕿᑐᕐᖏᑦ ᐊᐅᐸᓪᓕᓚᐅᕐᓯᒪᕙ ᐅᑭᐅᖃᕐᓱᓂ ᐊᑕᐅᓯᐅᑉ ᐅᖓᑖᖓᓂ? ❒ ᐋ YES ❒ ᐊᐅᑲ NO ❒ ᖃᐅᔨᒪᖕᖏᑐᖓ I DON'T KNOW

ᔪᕕᓂᐅᑐᐊᕐᐸᑦ, ᓇᓗᓐᕐᓗᒍ ᕿᑐᕐᖓᐱᑦ ᖃᑦᓱᓂ ᐅᑭᐅᖃᕐᓂᕕᓂᖓ ᐊᐅᐸᓗᑦᑕᑳᖃᕐᑐᕕᓂᐅᓚᐅᕐᑎᓗᒍ : _____

ᐊᕕᑦᑐᓯᒪᓂᖅ ᑕ – ᐊᖏᕈᑎᒃ

ᐅᑎᕐᑎᒍᒃ ᑖᓐᓇ ᐊᑎᓕᐅᕐᓯᒪᔪᖅ ᑕᑕᕐᓴᒐᑦᓴᔭᒃ ᐊᖏᕐᓯᒪᒍᕕᑦ ᐊᖏᕐᓯᒪᖕᖏᑯᕕᓪᓗᓂᑦ ᓴᐳᓗᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᒧᑦ

ᐊᖓᔪᕐᕐᑲᕆᔭᐅᑦᓱᓂ ᑲᒪᔨᒋᔭᐅᑦᓱᓂᓪᓗᓂᑦ ᐅᑭᐅᓕᒻᒧᑦ 14 ᐊᑖᓂ, ᐃᐸᐱᒋᔭᑦᓴᔭᖃᕐᕐᑯᑎᑦ ᑐᑭᑖᕐᓂᓄᑦ ᐱᔾᔪᑎᒋᓗᒍ ᓴᐳᓗᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᒧᑦ ᑖᑦᓯᒧᖓ ᐱᐊᕋᕐᒧᑦ ᐊᒻᒪᓗᒋᐊᓪᓚᒃ ᐁᑦᑑᑎᖃᕐᓂᒥᒃ ᓇᒻᒥᓂᕐᓄᐊᖓᔪᓂᒃ ᑐᓴᕐᕋᑦᓴᓂᒃ ᑖᒃᑯᓄᖕᖓᓕᖓᔪᓂᒃ

ᑐᑭᓯᒪᑎᑦᓯᒍᑏᑦ ᐱᕕᖃᕐᑎᓯᕗᑦ ᐃᓕᓐᓂᒃ ᑐᑭᑖᑦᓯᐊᕈᓐᓇᓂᕐᒧᑦ ᑖᑦᓯᒥᖓ ᑕᑕᕐᓴᒐᑦᓴᔭᒥᒃ. ᐃᓗᓐᓇᓯᐊᖏᓐᓄᑦ ᐊᓯᒋᐊᓪᓚᖏᓐᓄᑦ ᑐᑭᓯᒪᑎᑦᓯᒍᑎᓄ ᑕᒪᑦᓯᒪ ᓴᐳᓗᑕᕐᖃᕐᓂᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᒨᓕᖓᔪᓕᒫᓄᑦ, ᖃᐅᔨᒋᐊᕐᑯᔨᕗᒍᑦ ᐃᓕᓐᓂᒃ ᐋᓐᓂᐊᕕᕐᑯᑎᑦᓯᓄᑦ (ᐋᓐᓂᐊᓯᐅᕐᑕᕕᒃ ᐅᕝᕙᓘᓐᓃᑦ ᐃᓗᓯᕐᓯᓯᐊᕐᕕᓕᕆᕕᒃ).

ᐊᖏᕐᐲᑦ ᐅᑯᓂᖓ ᑲᐱᔭᐅᒍᑎᐅᕐᑯᔭᐅᔪᓂᒃ ᕿᑐᕐᖓᐱᑦ ᑲᐱᔭᐅᓯᒪᐅᑎᒋᓕᕐᑕᖏᑦ ᒪᓕᑦᓯᒋᑦ?

1.	ᑲᐳᑎ ᓴᐳᓗᑕᖃᓐᓂᒧᑦ : ᑖᒃᑯᐊ ᖃᓂᒻᒪᓴᑦ DIPHTHERIA, PERTUSSIS, TETANUS ᐊᒻᒪᓗ POLIOMYELITIS	❒ ᐊᖏᕐᐳᖓ - I ACCEPT	❒ ᐊᐅᑳᕐᑯᖓ - I REFUSE
2.	ᑲᐳᑎ ᓴᐳᓗᑕᖃᓐᓂᒧᑦ : _____	❒ ᐊᖏᕐᐳᖓ - I ACCEPT	❒ ᐊᐅᑳᕐᑯᖓ - I REFUSE
3.	ᑲᐳᑎ ᓴᐳᓗᑕᖃᓐᓂᒧᑦ : _____	❒ ᐊᖏᕐᐳᖓ - I ACCEPT	❒ ᐊᐅᑳᕐᑯᖓ - I REFUSE
4.	ᑲᐳᑎ ᓴᐳᓗᑕᖃᓐᓂᒧᑦ : _____	❒ ᐊᖏᕐᐳᖓ - I ACCEPT	❒ ᐊᐅᑳᕐᑯᖓ - I REFUSE

_____ _____

ᐊᑎᓕᐅᕐᕕᒃ ᐊᓈᓇᖓᑕ ᐋᑖᑕᖓᑕ ᑲᒪᔨᒋᔭᖓᓄᓪᓗᓂᑦ ᐅᓪᓗᖅ (yyyy/mm/dd)

_____

ᑭᓇᒋᔭᐅᓂᖅ (ᐊᓈᓇᖓ ᐊᑖᑕᖓ ᑲᒪᔨᒋᔭᖓᓄᓪᓗᓂᑦ)