CTU-0246

Dossier :

Nom :

Prénom :

DDN :

NAM :

SCHOOL VACCINATION 4TH GRADE
CONSENT FORM FOR PARENTS / GUARDIAN

SECTION A – IDENTIFICATION OF CHILD

Names 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.

Explanations to help you make an informed decision are provided in the booklet attached to this form. If you would like additional information about vaccination programs, please contact your local CLSC or speak with the school nurse.

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

1.	Vaccine against :	**HEPATITIS A**	❒ I ACCEPT	❒ I REFUSE
2.	Vaccine against :	**HUMAN PAPILLOMAVIRUS (HPV)**	❒ 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-0246

Nom, prénom : _____

Dossier : _____

ᐃᓕᓐᓂᐊᕕᒻᒥ ᓴᐳᓗᑕᑖᕐᓂᒧᑦ ᑲᐳᕐᑕᐅᓂᖅ ᓯᑕᒪᓂᒃ ᐳᒃᑭᓂᓕᓐᓄᑦ

ᐊᖏᕈᑎᒃ ᑕᑕᕐᓴᒐᑦᓴᔭᖅ - ᐊᖓᔪᕐᖃᓇᔭᐅᔪᓄᑦ/ᑲᒪᔨᒋᔭᐅᔪᓄᑦ

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐊ – ᐱᐊᕋᐅᑉ ᓇᓗᓐᒃᑯᑕᖓ

ᐊᑎᖏᑦ ᐊᖓᔪᕐᖃᓇᔭᐅᔪᑦ ᐅᕝᕙᓘᓐᓃᑦ ᑲᒪᔨᖏᑦ

ᐊᓈᓇᒃ: _____ ᐊᑖᑕᒃ: _____

ᑲᒪᔨᒃ: _____

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐸ – ᐱᐊᕋᐅᑉ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒍᑎᒋᓯᒪᔭᖏ ᑲᐳᕐᑕᐅᓯᒪᐅᑎᖏᓪᓗ

1 - **ᕿᑐᕐᖓᑦ ᑲᐳᕐᑕᕕᓂᐅᑦᓱᓂ ᓱᒃᑯᓚᕿᓚᐅᕐᓯᒪᕙ ᓱᒐᕐᑐᒥᒃ ᐋᓐᓂᐊᓯᐅᑎᓄᑦ ᐅᐃᒪᓇᕐᓯᓚᕿᑦᓱᓂ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒋᐊᖃᓚᕿᓱᓂ?**

❒ ᐋ YES ❒ ᐊᐅᑲ NO ❒ ᖃᐅᔨᒪᖕᖏᑐᖓ I DON'T KNOW

2 - **ᐱᐊᓄᑦ ᐋᓐᓂᐊᓂᒃ ᑎᒥᖓ ᐹᒍᑎᒥᒃᓴᐳᓗᑐᕈᑦᓯᒪᕙ ᐋᓐᓂᐊᖃᕐᓂᒥᓄᑦ (ᐅᑦᑑᑎᒋᑦᓱᒍ ᐊᐅᒥᒍᑦ ᐋᓐᓂᐊᖅ) ᐋᓐᓂᐊᓯᐅᑎᑎᒍᓪᓗᓐᑦ (ᐅᑦᑑᑎᒋᑦᓱᒍ ᐆᑎᑎᕐᑕᐅᓂᒃᑯᑦ)?**

❒ ᐋ YES ❒ ᐊᐅᑲ NO ❒ ᖃᐅᔨᒪᖕᖏᑐᖓ I DON'T KNOW

3 - **ᕿᑐᕐᖓᑦ 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 ᐊᖏᕐᓯᒪᖕᖏᑯᕕᓪᓗᓐᑦ ᓴᐳᓗᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᒧᑦ

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

ᑐᑭᓯᑎᑦᓯᒍᑏᑦ ᐃᑲᔪᕐᓯᒪᔭᕐᑐᑦ ᐃᓕᓐᓂᒃ ᓈᒻᒪᓈᑦᓯᐊᑐᒥᒃ ᑐᑭᑖᕋᓱᐊᕐᓂᒧᑦ ᐱᑕᖃᕐᑎᑕᐅᕗᑦ ᕿᒥᕐᕈᐊᑲᓪᓚᒥ ᐃᓚᕐᕐᑯᐊᖑᔪᒥ ᑖᑦᓯᒧᖓ ᑕᑕᕐᓴᒐᑦᓴᔭᒥ. ᐊᓯᒋᐊᓪᓚᖏᓐᓂᒃ ᑐᑭᓯᒋᐊᓪᓚᒍᒪᒍᕕᑦ ᓴᐳᓗᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᒨᓕᖓᔪᓂᒃ, ᖃᐅᔨᒋᐊᕐᕕᖃᓇᑦ ᓄᓇᓕᐅᑉ ᐋᓐᓂᐊᕕᖓᓄᑦ ᐅᕝᕙᓘᓐᓃᑦ ᐅᖃᕕᖃᕐᓗᑎᑦ ᐃᓕᓐᓂᐊᕕᐅᑉ ᐋᓐᓂᐊᓯᐅᕐᑎᖓᓄᑦ.

ᐊᖏᕐᐲᑦ ᐅᑯᓂᖓ ᑲᐱᔭᐅᒍᑎᐅᕐᑯᔭᐅᔪᓂᒃ ᕿᑐᕐᖓᐱᑦ ᑲᐱᔭᐅᓯᒪᐅᑎᒋᓕᕐᑕᖏᑦ ᒪᓕᑦᓱᒋᑦ?

1.	ᑲᐳᑎ ᓴᐳᓗᑕᖃᓐᓂᒧᑦ : ᖃᓂᒻᒪᓴᖅ **- HEPATITIS A**	❒ **ᐊᖏᕐᐳᖓ - I ACCEPT**	❒ **ᐊᐅᑲᕐᑯᖓ - I REFUSE**
2.	ᑲᐳᑎ ᓴᐳᓗᑕᖃᓐᓂᒧᑦ : ᓴᐳᓗᑕᖓᑕ ᐃᒪᑦᓴᔭᖓ **HUMAN PAPILLOMAVIRUS (HPV)**	❒ **ᐊᖏᕐᐳᖓ - I ACCEPT**	❒ **ᐊᐅᑲᕐᑯᖓ - I REFUSE**
3.	ᑲᐳᑎ ᓴᐳᓗᑕᖃᓐᓂᒧᑦ : _____	❒ **ᐊᖏᕐᐳᖓ - I ACCEPT**	❒ **ᐊᐅᑲᕐᑯᖓ - I REFUSE**
4.	ᑲᐳᑎ ᓴᐳᓗᑕᖃᓐᓂᒧᑦ : _____	❒ **ᐊᖏᕐᐳᖓ - I ACCEPT**	❒ **ᐊᐅᑲᕐᑯᖓ - I REFUSE**

_____ ᐊᑎᓕᐅᕐᕕᒃ ᐊᓈᓇᖓᑕ ᐋᑖᑕᖓᑕ ᑲᒪᔨᖏᖓᓄᓪᓗᓐᑦ

_____ ᐅᓪᓗᖅ (yyyy/mm/dd)

_____ ᑭᓇᒋᔭᐅᓂᖅ (ᐊᓈᓇᖓ ᐊᑖᑕᖓ ᑲᒪᔨᖏᖓᓄᓪᓗᓐᑦ)