CTU-0248

Dossier :

Nom :

Prénom :

DDN :

NAM :

SCHOOL VACCINATION SECONDARY 0
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

For children under the age of 14, the parent or legal guardian must give their consent if they want their child to receive the proposed vaccines.

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. When you give your consent, it applies to the entire vaccination series.

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

1. Vaccine against :	**DIPHTHERIA AND TETANUS*** * or DIPHTHERIA, TETANUS AND PERTUSSIS depending on vaccine availability	❒ I accept	❒ I refuse
2. Vaccine against :	**MENINGOCOCCAL SEROGROUPS A, C, W and Y**	❒ I accept	❒ I refuse
3. Vaccine against :	_____	❒ I accept	❒ I refuse
4. Vaccine against :	_____	❒ I accept	❒ I refuse
5. Vaccine against :	_____	❒ I accept	❒ I refuse

_____ _____

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

_____

Relationship (mother, father or guardian)

CTU-0248

Nom, prénom : ______________________________

Dossier : ______________________________

ᐃᓕᓐᓂᐊᕕᒻᒥ ᑳᐳᕇᓂᖅ - ᐳᕐᑐᓂᖓᒥ 0-ᒥ

ᐊᖏᕈᑎᒃ ᑕᑕᕐᓴᒐᑦᓴᔭᖅ - ᐊᖓᔪᖅᖄᕆᔭᐅᔪᓄᑦ/ᑲᒪᔨᒋᔭᐅᔪᓄᑦ

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐊ – ᐱᐊᕋᐅᑉ ᓇᓗᓃᒃᑯᑕᖓ

ᐊᑎᖏᑦ ᐊᖓᔪᖅᖄᕆᔭᐅᔪᑦ ᐅᑳᓘᓐᓃᑦ ᑲᒪᔨᖏᑦ

ᐊᑏᓇᒃ: ______________________________ ᐊᑖᑕᒃ: ______________________________

ᑲᒪᔨᒃ: ______________________________

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐸ – ᐱᐊᕋᐅᑉ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒍᑎᒋᓯᒪᔭᖏ ᑲᐳᕐᑕᐅᓯᒪᐅᑎᖏᓪᓗ

1 -	ᕿᑐᕐᖏᑦ ᑲᐳᕐᑕᕕᓂᐅᑦᓯᓂ ᓯᒃᑯᓚᕿᓚᐅᕐᓯᒪᕙ ᓯᒑᕐᑐᒥᒃ ᐋᓐᓂᐊᓯᐅᑎᓄᑦ ᐅᐃᒪᓇᕐᓯᓚᕿᑦᓯᓂ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒋᐊᖃᓚᕿᓯᓂ?	❐ ᐋᐊ YES	❐ ᐊᐅᑲ NO	❐ ᖃᐅᔨᒪᙱᑐᖓ I DON'T KNOW
2 -	ᐱᐊᕚᑦ ᐋᓐᓂᐊᓂᒃ ᑎᒥᖓ ᐹᒍᑎᒥᒃ-ᓴᐳᓗᐅᕈᑦᓯᒪᕙ ᐋᓐᓂᐊᖃᕐᓂᒥᓄᑦ (ᐅᑦᑑᑎᒋᑦᓯᒍ ᐊᐅᒥᒍᑦ ᐋᓐᓂᐊᖅ) ᐋᓐᓂᐊᓯᐅᑎᑎᒍᓪᓗᓃᑦ (ᐅᑦᑑᑎᒋᑦᓯᒍ ᐆᑎᑎᕐᑕᐅᓂᒃᑯᑦ)?	❐ ᐋᐊ YES	❐ ᐊᐅᑲ NO	❐ ᖃᐅᔨᒪᙱᑐᖓ I DON'T KNOW
3 -	ᕿᑐᕐᖏᑦ ᐊᐅᐸᓪᓛᓚᐅᕐᓯᒪᕙ ᐅᑭᐅᖃᕐᓯᓂ ᐊᑕᐅᓯᐅᑉ ᐅᖓᑖᖓᓂ?	❐ ᐋᐊ YES	❐ ᐊᐅᑲ NO	❐ ᖃᐅᔨᒪᙱᑐᖓ I DON'T KNOW

ᔦᕕᓂᐅᑐᐊᕐᐸᑦ, ᓇᓗᓃᕐᓗᒍ ᕿᑐᕐᖓᐱᑦ ᖃᑦᓯᓂ ᐅᑭᐅᖃᕐᓂᕕᓂᖓ ᐊᐅᐸᓗᑦᑖᖃᕐᑐᕕᓂᐅᓚᐅᕐᑎᓗᒍ : ______________________________

ᐊᕕᑦᑐᓯᒪᓂᖅ ᑕ – ᐊᖏᕈᑎᒃ

ᐅᑎᕐᑎᒍᒃ ᑖᓐᓇ ᐊᑎᓕᐅᕐᓯᒪᔪᖅ ᑕᑕᕐᓴᒐᑦᓴᔭᒃ ᐊᖏᕐᓯᒪᒍᕕᑦ ᐊᖏᕐᓯᒪᙱᑯᕕᓪᓗᓃᑦ ᓴᐳᓪᓚᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᒧᑦ

ᐱᐊᕋᕐᓄᑦ ᐅᑭᐅᓕᓐᓄ 14 ᐊᑖᓄᑦ, ᐊᖓᔪᖅᖄᕆᔭᐅᔪᖅ ᐱᖁᔭᑎᒍᑦ ᑲᒪᔨᒋᔭᖓᓘᓐᓃᑦ ᐱᐊᕋᒥᑦᑕ ᐊᖏᕐᓯᒪᒍᑎᖃᕆᐊᓕᒃ ᓴᐳᓪᓚᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᖁᔨᒍᑎᒃ ᐅᓐᓂᑑᑎᐅᔪᓂᒃ.

ᑐᑭᓯᑎᑦᓯᒍᑏᑦ ᐃᑲᔪᕐᓯᒐᔭᕐᑐᑦ ᐃᓕᓐᓂᒃ ᓈᒪᓈᑦᓯᐊᑐᒥᒃ ᑐᑭᑖᕋᓱᐊᕐᓂᒧᑦ ᐱᑕᖃᕐᑎᑕᐅᕚᑦ ᕿᒥᕐᕈᐊᑲᓪᓚᒥ ᐃᓚᖅᖁᐊᖑᔪᒥ ᑖᑦᓯᒧᖓ ᑕᑕᕐᓴᒐᑦᓴᒧᑦ. ᐊᓯᒋᐊᓪᓚᖏᓐᓂᒃ ᑐᑭᓯᒋᐊᓪᓚᒍᒪᒍᕕᑦ ᓴᐳᓪᓚᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᒨᓕᖓᔪᓂᒃ, ᖃᐅᔨᒋᐊᕐᕕᖃᕈᑦ ᓄᓇᓕᐅᑉ ᐋᓐᓂᐊᕕᖓᓄᑦ ᐅᑳᓘᓐᓃᑦ ᐅᖃᕕᖃᕐᓗᑎᑦ ᐃᓕᓐᓂᐊᕕᐅᑉ ᐋᓐᓂᐊᓯᐅᕐᑎᖓᓄᑦ. ᐊᖏᕈᑎᖃᕐᑐᕕᓂᐅᒍᕕᑦ, ᐃᓕᖓᒐᔭᕐᑐᑦ ᐃᓗᓈᓯᐊᖏᓐᓄᑦ ᓴᐳᓪᓚᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᒍᑎᐅᕆᐊᓕᓕᒫᓄᑦ.

ᐊᖏᕐᐲᑦ ᐅᑯᓂᖓ ᑲᐱᔭᐅᒍᑎᐅᖅᑯᔭᐅᔪᓂᒃ ᕿᑐᕐᖓᐱᑦ ᑲᐱᔭᐅᓯᒪᐅᑎᒋᓕᕐᑕᖏᑦ ᒪᓕᑦᓯᒋᑦ?

1.	ᑲᐳᑎ ᓴᐳᓪᓚᕐᑲᓐᓂᒧᑦ :	**ᓄᑭᕐᓗᓕᕈᑕᐅᒍᓐᓇᑐᒥᒃ ᐊᒪᓗ ᓱᕐᓗᓕᕆᒍᑕᐅᒍᓐᓇᑐᒥᒃ** * ᐅᑳᓘᓐᓃᑦ ᓄᑭᕐᓗᓕᓃᒃᑯᑎᒧᑦ, ᓱᕐᓗᓕᕆᒌᒃᑯᑎᒧᑦ, ᖁᐃᕐᑐᑯᑖᕆᒃᑯᑎᒧᑦ	❐ **ᐊᖏᕐᐳᖓ - I ACCEPT** ❐ **ᐊᐅᑳᖅᑯᖓ - I REFUSE**
2.	ᑲᐳᑎ ᓴᐳᓪᓚᕐᑲᓐᓂᒧᑦ :	**ᖃᓇᑕᕐᒥᒃ ᐳᓕᓕᕐᑎᓯᓲᓂᒃ ᖁᐱᕐᕈᓴᔭᕐᓂᒃ ᓇᓕᓈᕐᑕᐅᓯᒪᒍᑎᓕᓐᓂᒃ A,C,W, Y-ᓗ**	❐ **ᐊᖏᕐᐳᖓ - I ACCEPT** ❐ **ᐊᐅᑳᖅᑯᖓ - I REFUSE**
3.	ᑲᐳᑎ ᓴᐳᓪᓚᕐᑲᓐᓂᒧᑦ :	______________________________	❐ **ᐊᖏᕐᐳᖓ - I ACCEPT** ❐ **ᐊᐅᑳᖅᑯᖓ - I REFUSE**
4.	ᑲᐳᑎ ᓴᐳᓪᓚᕐᑲᓐᓂᒧᑦ :	______________________________	❐ **ᐊᖏᕐᐳᖓ - I ACCEPT** ❐ **ᐊᐅᑳᖅᑯᖓ - I REFUSE**
5.	ᑲᐳᑎ ᓴᐳᓪᓚᕐᑲᓐᓂᒧᑦ :	______________________________	❐ **ᐊᖏᕐᐳᖓ - I ACCEPT** ❐ **ᐊᐅᑳᖅᑯᖓ - I REFUSE**

____
ᐊᑎᓕᐅᕐᕕᒃ ᐊᓈᓇᖓᑕ ᐋᑖᑕᖓᑕ ᑲᒪᔨᒋᔭᖓᓄᓗᓃᑦ

____
ᐅᓪᓗᖅ (yyyy/mm/dd)

____
ᑭᓇᒋᔭᐅᓂᖅ (ᐊᓈᓇᖓ ᐊᑖᑕᖓ ᑲᒪᔨᒋᔭᖓᓄᓗᓃᑦ)