

# Consent for Routine Grade 6 Immunizations

HEPATITIS B (HB), MENINGOCOCCAL CONJUGATE ACYW-135 (MENINGITIS), AND HUMAN PAPILLOMAVIRUS (HPV) ARE VACCINE-PREVENTABLE DISEASES.

## PARENTS/GUARDIANS:

- USE A PEN, PRINT CLEARLY, COMPLETE SECTIONS 1, 2 AND 3 AND RETURN THIS FORM TO THE SCHOOL **even if you don't want your child immunized with any or specific vaccines.**
- Check if you will make an appointment for your child to get immunized at a public health centre instead of at school.

## SECTION 1: STUDENT'S PERSONAL INFORMATION (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)

|  |                                   |                                     |                       |
|--|-----------------------------------|-------------------------------------|-----------------------|
| Student's Last Name (print)                      | Student's First Name (print)      | Student's Gender<br>M    F    Other | Birthdate<br>YY/MM/DD |
| Health Card Number                               | Address/PO Box, Town, Postal Code | School                              |                       |
| Parent/Guardian Name (print)                     | Phone/Cell Number<br>(    )       | May we text you?<br>Yes    No       | Teacher               |
| Your Relationship to this Student (e.g., mother) | Parent/Guardian Email Address     | May we email you?<br>Yes    No      |                       |

## SECTION 2: STUDENT'S HEALTH CHECKLIST (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)

1) Does your child have any serious allergies or ever had a serious allergic reaction to a vaccine or vaccine component?  
 No     Yes    **If yes, describe:** \_\_\_\_\_

2) Does this student have any medical conditions or take medications?  
 No     Yes    **If yes, describe:** \_\_\_\_\_

3) Has this student **ever** received vaccines:     Outside of Saskatchewan?     In an Emergency department?  
 That were paid for?     From a Doctor, Pharmacist, Nurse Practitioner or travel clinic?  
 In a different First Nations community other than where they currently live (if applicable)?

A. Do you have a copy of the immunization records available?     YES     NO  
 If **yes**, attach a copy of the record OR provide location(s) and provider(s) names \_\_\_\_\_

## SECTION 3: CONSENT FOR IMMUNIZATION (PARENT/GUARDIAN MUST READ THIS SECTION)

- I have read the information in the Ministry of Health immunization fact sheet(s) provided to me for the vaccine(s) listed below.
- I have had the opportunity to ask questions and they were answered to my satisfaction.
- I understand the benefits and possible reactions for the vaccine(s).
- I understand the potential disease risks to my child if they do not get immunized.
- I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided to my child.
- I understand that when a vaccine series requires more than one dose, my consent continues until all required doses of the vaccine have been provided to my child, unless I let the school Public Health Nurse know that I cancel my consent.

**As a parent/guardian of this child, I understand and acknowledge that it is my responsibility to:**

- Seek medical attention should my child have an unusual or severe reaction following immunization. If this occurs, I will seek treatment for my child and notify public health immediately.
- Inform the school nurse of any changes to my child's health status set out in Section 2 that arise after signing this consent form.

**A PARENT/GUARDIAN MUST CHECK YES OR NO, AND THEN SIGN AND DATE THIS SECTION.**

**I consent for my child to get immunized with the recommended Grade 6 vaccines:**

Hepatitis B     YES     NO

Human Papillomavirus     YES     NO

Meningococcal Conjugate ACYW-135     YES     NO

YY/MM/DD

Signature \_\_\_\_\_

Date \_\_\_\_\_

Consent for Routine Grade 6 Immunizations

**SECTION 4: NURSE USE ONLY**

Student's Name: \_\_\_\_\_ DOB YY/MM/DD HCN# \_\_\_\_\_

Date consent directives entered into Panorama: YY/MM/DD Nurse initials: \_\_\_\_\_

Use this section if Point of Service documentation is unavailable.

| Date given<br><i>YY/MM/DD</i> | Vaccine            | Dose # | Lot # | Dosage | Route | Site     | Nurse signature | POS/<br>Entered |
|-------------------------------|--------------------|--------|-------|--------|-------|----------|-----------------|-----------------|
|                               | HB                 |        |       | 1.0 mL | IM    | LA<br>RA |                 |                 |
|                               | HB                 |        |       | 1.0 mL | IM    | LA<br>RA |                 |                 |
|                               | HPV-9              |        |       | 0.5 mL | IM    | LA<br>RA |                 |                 |
|                               | HPV-9              |        |       | 0.5 mL | IM    | LA<br>RA |                 |                 |
|                               | Men-C-<br>ACYW-135 |        |       | 0.5 mL | IM    | LA<br>RA |                 |                 |
|                               |                    |        |       |        |       |          |                 |                 |
|                               |                    |        |       |        |       |          |                 |                 |
|                               |                    |        |       |        |       |          |                 |                 |
|                               |                    |        |       |        |       |          |                 |                 |

Verbal consent obtained

Parent/guardian name:

Phone number:

Date & Time: *YY/MM/DD*

Nurse signature:

Notes:

# School Immunization Consent Form Instructions

## 1. Read and keep the vaccine fact sheets for your information.

- The provincial immunization schedule and French vaccine information sheets are available at [www.saskatchewan.ca/immunize](http://www.saskatchewan.ca/immunize).
- If you speak another language **and/or** need help to understand the information, contact the public health office noted below.

## 2. Parents/guardians **must** complete the following sections of the consent form:

- Student's Personal Information
- Student's Health Checklist
- Consent for Immunization
- **Sign and date the required section** on the front of the consent form. **A signature and date is required on every consent form.**

## 3. Tear off the consent form and have your child return it to the school immediately. Parents/guardians may choose to put the consent form into an envelope before it is returned to school.

## 4. If this student received vaccines: outside of Saskatchewan; in an Emergency department; that were paid for; from a Doctor, Pharmacist, Nurse Practitioner or travel clinic; or in a different First Nations community other than where they currently live (if applicable), it is important to **send a copy of the student's immunization record to the school for the nurse to review.**

## 5. **The nurses review the immunization records of all students before they are immunized.** If a student does not need a vaccine that a parent/caregiver has signed YES for, the nurse **will not** immunize the child with that vaccine, and will notify the parent/guardian on the *Notice of Immunization* form given to the student by the nurse.

### Notes:

- **As a general practice, public health does not notify parents/guardians of upcoming school immunization dates for students, as dates may be subject to change.**
- **Parents should speak to a public health nurse to discuss any concerns related to the student or indicate on the consent form if they will make an appointment for their child/children to be immunized at the health centre instead of at the school.**
- Consent for immunization continues for the time period needed to give the required doses of the vaccine(s). This means that the student make get vaccine doses in the next Grade or school year.
- If your child has an unusual or severe reaction to the vaccine(s), seek medical attention and notify Public Health of the reaction.
- Parents/guardians are to notify the school Public Health Nurse of any changes to this student's health status after signing this consent form.
- A parent/guardian must contact the school Public Health Nurse to revoke their consent for immunization for this student.
- If you have questions about the school immunization programs, contact your local public health office below.

To ensure that a complete immunization record is maintained, immunizations administered by Public Health will be documented into the electronic provincial immunization registry, known as Panorama. For more information on how health records are stored, visit: <https://www.saskatchewan.ca/residents/health/accessing-health-care-services/your-personal-health-information-and-privacy>

Dear Parents, Guardians and Students:

- Immunization records are available for viewing and printing in the student's MySaskHealthRecord online application account at <https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord>.
- **If a student aged 13 years old or younger does not have an account**, a MySaskHealthRecord account can be created for them by following the directions found at [https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord/Pages/Child\\_MSHR.aspx](https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord/Pages/Child_MSHR.aspx).
  - Parents/guardians must have their own MySaskHealthRecord account to request access to their child's health information in MySaskHealthRecord. Your child's information will be directly linked to your account. Visit <https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord/Pages/Register.aspx> to create your MySaskHealthRecord account.
- **Students 14 years and older** must create their own confidential MySaskHealthRecord account at <https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord/Pages/Register.aspx>.

If you choose to not sign up for MySaskHealthRecord, you may contact your local public health office to inquire about receiving an emailed or printed copy of the student's immunization record.

NOTE: A fee may be applied to these services.

Direct any questions regarding MySaskHealthRecord to eHealth Saskatchewan at 1-844-767-8259 or [MySaskHealthRecord@ehealthsask.ca](mailto:MySaskHealthRecord@ehealthsask.ca).

Thank you for your attention to this matter.

# Routine Grade 6 Immunizations - Fact Sheet

Vaccines have saved more lives compared to any other medical intervention. Vaccines help your immune system to recognize and fight bacteria and viruses that cause serious diseases.

Grade 6 students are due for routine hepatitis B, meningococcal conjugate ACWY-135 and human papillomavirus vaccines.

- Public Health Nurses review the immunization records of all Grade 6 students.
- Students get the doses they need to complete a vaccine series during school visits by a public health nurse. This may extend into the next grade if necessary.

| Vaccine                                   | Fall                                | Spring                              |
|---|-------------------------------------|-------------------------------------|
| HB (2 doses for most students)            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Men-C-ACWY-135 (1 dose for most students) | <input checked="" type="checkbox"/> |                                     |
| HPV (2 doses for most students)           | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

- If a student requires additional vaccine doses because they have a select medical condition, a nurse will notify the child's parent/guardian.
- If a student does not need a vaccine that a parent/caregiver has checked YES for, the nurse will not immunize the child with that vaccine.

## What is hepatitis B (HB)?

- HB is a vaccine preventable disease. Most HB cases occur in early adulthood.
- The HB virus infects the liver and can cause permanent scarring and damage (cirrhosis), liver cancer and death.
- The virus is found in body fluids (including blood, semen, vaginal fluids and saliva) of infected persons.

## The HB virus is spread:

- By sharing personal items like razors, toothbrushes and dental floss.
- By reusing and/or sharing equipment used for tattooing, piercings, acupuncture or needles/equipment used to inject drugs or other substances (e.g. steroids).
- By being poked with an infected needle.
- Through unprotected sexual activity.
- From an infected mother to her baby during pregnancy.

## What is meningococcal disease?

- The Grade 6 meningococcal vaccine contains four bacterial strains and is different from the meningococcal vaccine given at 1 year of age that contains one bacterial strain.
- *Neisseria meningitidis* bacterial types A, C, Y and W-135 are vaccine preventable.
- Meningococcal disease can cause serious, life-threatening infections including meningitis (an infection of the lining that covers the brain), septicemia (an infection of the blood) and death within 24 hours.
- It starts with sudden symptoms like fever, chills, tiredness, and irritability.
- A severe headache, stiff neck and/or a tiny reddish-purple or bruise-like rash on the body occurs soon afterwards.
- Permanent complications include limb amputations, hearing loss, brain damage, seizures and skin scarring.
- Even with antibiotic treatment, 10-15% of people die.

## Meningococcal bacteria are spread:

- Through coughing and sneezing, close face-to-face contact, through saliva (spit) and by kissing.
- Many people carry these bacteria in their nose and throat but do not become sick.

## What is human papillomavirus (HPV)?

- HPV is **the most** common sexually transmitted infection (STI).
- There are over 100 types of HPV viruses and nine high risk types are vaccine preventable.
- Gardasil 9™ vaccine protects against HPV types 6, 11, 16, 18, 31, 33, 45, 52 and 58. These nine strains may cause up to:
  - 92% of cervical cancers
  - 75% of anal cancers
  - 57% of penile cancers
  - 72% of vaginal cancers
  - 25% of head and neck cancers
  - 90% of genital warts

# Immunization

## Human papillomaviruses are spread by:

- Sexual contact or skin-to-skin contact in the genital area.

## What can happen when a person has a HPV infection?

- HPV is a very common virus and anyone can get it even with one sexual partner.
- Most people do not show any signs or symptoms and can pass HPV on to others without knowing it.
- Usually, a HPV infection will go away on its own but for some people, the body cannot fight the HPV infection and the infected cells can develop cancer.
- If a pregnant person has a HPV infection, they can spread it to their baby during vaginal childbirth

If you have concerns that this student should not receive certain vaccines, speak with a public health nurse as some vaccines are not recommended for:

- Those who had a life-threatening allergic reaction to specific vaccines or vaccine ingredients.
- People who have an immune system weakened by a disease or medical treatment.
- People who received a blood product or an immune globulin.

Vaccine-specific provincial immunization fact sheets are available at

<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/immunization-services>

## What are common reactions from these vaccines?

- Soreness, redness and swelling in the arm where the vaccines were given for 1-2 days.
- Temporary headache, mild fever and tiredness. Who should you report reactions to?
- Report any adverse or unexpected reactions to 811, your local public health nurse, or your healthcare practitioner right away.
- Nurses stay at the school for 15-20 minutes after the last student has been immunized to ensure no serious reactions have occurred.
- There is an extremely rare possibility of a life-threatening allergic reaction called anaphylaxis. This may include hives, difficulty breathing, or swelling of the throat, tongue or lips. This reaction can be treated, and occurs in less than one in a million people who get the vaccine. **If this happens, call 911 or go to the nearest emergency treatment centre.**

## Talk to a public health/community health nurse:

- If you have questions or concerns; or
- If you had to take your child to a doctor, a hospital or a health centre with a symptom that might be related to immunization.

For more information contact your local public health office, your physician, Nurse Practitioner, HealthLine online or by calling 811.

Use **Acetaminophen** (Tylenol®, Tempra®) or **Ibuprofen** (Advil®, Motrin®) to treat fevers and pain in children and adults. **Never give ASA** (Aspirin®) to anyone younger than 18 years old because of the serious risk of Reye's syndrome.