

General Consent for School Age Immunizations

PARENTS/GUARDIANS:

- USE A PEN, PRINT CLEARLY, COMPLETE SECTIONS 1, 2 AND 4 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 M F Other	Birthdate YY/MM/DD
Health Card Number	Address/PO Box, Town, Postal Code	School	
Parent/Guardian Name (print)	Phone/Cell Number ()	May we text you? Yes No	Grade / Teacher
Your Relationship to this Student (e.g., mother)	Parent/Guardian Email Address	May we email you? Yes No	

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

- Has this student ever had a serious or life-threatening or allergic reaction to a vaccine or a vaccine component?
 No Yes **If yes, describe:**
 - Does this student have any medical conditions or severe allergies?
 No Yes **If yes, describe:**
 - Has this student received a blood product or an immune globulin in the past year?
 No Yes **If yes, list product name(s) and date(s) given:**
 - Is this student taking medication (e.g. prednisone), receiving treatment, or has a medical condition that lowers their immunity (e.g. cancer or HIV)? No Yes **If yes, describe:**
 - Has this student **ever** received vaccines: Outside of Saskatchewan? In an Emergency department?
 That were paid for? In a travel clinic? From a Doctor, Pharmacist, or Nurse Practitioner?
 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: VACCINES THIS STUDENT IS ELIGIBLE TO RECEIVE (NURSE USE ONLY)

- | | |
|--|--|
| <input type="checkbox"/> Diphtheria, Tetanus, Pertussis, Polio, <i>Haemophilus influenzae</i> type b ___ dose(s) | <input type="checkbox"/> Meningococcal Conjugate ACYW-135 ___ dose(s) |
| <input type="checkbox"/> <i>Haemophilus influenzae</i> type b ___ dose(s) | <input type="checkbox"/> Pneumococcal Conjugate 13 ___ dose(s) |
| <input type="checkbox"/> Hepatitis A ___ dose(s) | <input type="checkbox"/> Pneumococcal Polysaccharide 23 ___ dose(s) |
| <input type="checkbox"/> Hepatitis B ___ dose(s) | <input type="checkbox"/> Polio ___ dose(s) |
| <input type="checkbox"/> Human Papillomavirus (9 HPV types) ___ dose(s) | <input type="checkbox"/> Tetanus, Diphtheria ___ dose(s) |
| <input type="checkbox"/> Measles, Mumps, Rubella ___ dose(s) | <input type="checkbox"/> Tetanus, Diphtheria, Pertussis ___ dose(s) |
| <input type="checkbox"/> Measles, Mumps, Rubella, Varicella (chickenpox) ___ dose(s) | <input type="checkbox"/> Tetanus, Diphtheria, Pertussis, Polio ___ dose(s) |
| <input type="checkbox"/> Meningococcal B ___ dose(s) | <input type="checkbox"/> Varicella (chickenpox) ___ dose(s) |
| <input type="checkbox"/> Meningococcal Conjugate C ___ dose(s) | <input type="checkbox"/> Other: _____ dose(s) |

SECTION 4: CONSENT FOR IMMUNIZATION (PARENT/GUARDIAN TO COMPLETE)

- I have read the information in the Ministry of Health immunization fact sheet(s) provided to me for the vaccine(s) checked off above.
 - I have had the opportunity to ask questions and they were answered to my satisfaction.
 - I understand the benefits and possible reactions (side effects) 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 given 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.
- NOTE:** It is recommended that parents/guardians discuss consent for immunization with their children. Efforts are first made to get parental/guardian consent for immunizations. However, children at least 13 years of age and older who are able to understand the benefits and possible reactions for each vaccine and the risks of not getting immunized, can legally consent to receive or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider.

A PARENT/GUARDIAN MUST CHECK **ONLY 1 BOX BELOW** AND THEN SIGN AND DATE

- YES I CONSENT FOR MY CHILD TO BE IMMUNIZED WITH **ALL OF THE RECOMMENDED VACCINES** ABOVE.
- YES I CONSENT FOR MY CHILD TO BE IMMUNIZED WITH THE RECOMMENDED VACCINES **EXCEPT** FOR _____
- NO I **DO NOT** CONSENT FOR MY CHILD TO BE IMMUNIZED **WITH ANY** OF THE RECOMMENDED VACCINES (**REFUSAL**).

SIGNATURE _____

DATE YY/MM/DD _____

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SECTION 5: NURSE USE ONLY

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

Date consent directives entered into Panorama: _____ Nurse initials: _____

Use this section if Point of Service documentation is unavailable.								POS/ Entered
Date given <small>YY/MM/DD</small>	Vaccine	Dose #	Lot #	Dosage	Route	Site	Nurse signature	
						LA RA		
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Verbal consent obtained <input type="checkbox"/>		Mature minor consent obtained <input type="checkbox"/>					Notes:											
Parent/Guardian name		Student signature																
Phone number		Date & Time																
Date & Time		Nurse signature																
Nurse signature																		
	DTaP-IPV-Hib	Hib	HA	HB	HPV-9	MMR	MMRV	MenB	Men-C-C	Men-C-ACYW-135	Pneu-C-13	Pneu-P-23	IPV	Tdap	Tdap-IPV	Var	Other	Other
Granted																		
Refused																		

School Immunization Consent Form Instructions

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

- The provincial immunization schedule and vaccine information sheets are available at 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 may 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.

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.
 - 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.

Thank you for your attention to this matter.

Panorama

Information about the collection, privacy and use of your personal health information

The Saskatchewan Ministry of Health, Athabasca Health Authority (AHA), Saskatchewan Health Authority (SHA), eHealth Saskatchewan, First Nations Inuit Health Branch (FNIHB) and Northern Intertribal Health Authority (NITHA) are committed to the protection of your personal health information (PHI). Your information is treated confidentially, securely and in accordance with the legal framework of *The Health Information Protection Act* (HIPA) and *The Public Health Act, 1994*.

This document informs you about the ways in which your PHI is collected, used and disclosed, in relation to public health services and surveillance. Further, it outlines your privacy rights and our obligations when collecting, using and disclosing your PHI that is stored in Panorama.

What is Panorama?

Panorama is an electronic health record system that securely stores PHI; it allows authorized public health staff to document public health services you may receive in Saskatchewan. Panorama includes immunization, notifiable communicable disease and outbreak management information. Your confidential information is only available to authorized health care workers, such as members of your public health team, physicians and nurse practitioners across the province using secure networks.

Immunization, communicable disease and disease outbreak management information form the basis of a system for tracking immunizations and communicable diseases in the province. This provides a means of evaluating the effectiveness of preventive measures such as immunization.

Why we collect, use and disclose your information

Your PHI is collected, used and disclosed to facilitate your access to public health programs and to provide you with continuity of care in public health services. Immunizations recorded in Panorama ensure the completeness and accuracy of your immunization record and promotes client safety.

Information about communicable disease is only used as permitted by law and includes using it for assisting health care planners. Information may be made public for issuing health care warnings in a way that ensures individuals involved are not identified.

In addition, the information is used to identify ways of preventing transmission of infectious diseases and to identify the likely source of infection (for example food associated with an outbreak).

For some diseases, other people may need to be notified that they have been in contact with an infectious disease so that they can take measures to decrease the risk of getting that disease, get early treatment or immunization. Notification is done without identifying the person with the original illness.

What information is kept in Panorama?

Information in your record might include:

- Your name, current address and phone number, health card number and birth date;
- Notifiable disease information;
- Lab results;
- Immunization details;
- Adverse event details related to an immunization;
- Risk factors for vaccine eligibility; and
- Other relevant information gathered from you during the investigation or immunization service.

How long is information kept in Panorama?

PHI is kept indefinitely, in order to provide life-long health services.

Who can see your information?

Only authorized members of the health care team can see your information.

For immunization services, this means the public health nurses who do the immunizing and members of the team investigating communicable diseases. Your health care provider can also look at an electronic summary of your immunizations if they are authorized.

For communicable disease investigations, only public health staff who have a role in the public health investigation are allowed to see the information.

Panorama creates a single client record for you, which means that your public health provider can access your health record if needed no matter where in the province you are located.

Your information is kept safe and confidential

Your PHI is confidential and the Saskatchewan Ministry of Health, AHA, SHA, FNIHB, NITHA and eHealth Saskatchewan take great care to protect it. Information is kept in strict confidence and is used or disclosed only as authorized or required by law. Privacy safeguards are outlined in HIPA and *The Public Health Act, 1994*.

How is information protected in Panorama?

- Access is restricted to authorized users through unique user names and passwords.
- All health care providers are aware of their responsibilities and agree to maintain the confidentiality of information and use it only on a need-to-know basis.
- All views of your information are tracked and recorded for audit purposes.
- Strict security safeguards are in place. There are policies, practices, and computer systems designed to protect information from unauthorized use, error and loss. Access to Panorama is restricted to public health providers involved in your care. In addition, high quality network security is in place, and all data are encrypted.
- The Ministry of Health is accountable under HIPA for ensuring appropriate safeguards are in place to protect your personal health information and personal information at all times.

Two different types of health information are kept in Panorama

There are two types of information in Panorama: PHI such as that collected during an immunization service and information collected during investigation of a notifiable communicable disease.

Often times, your consent will be sought to use or disclose your PHI, however, PHI can be used or disclosed without consent in the circumstances outlined in HIPA and *The Public Health Act, 1994*. For example, you are deemed to have consented to the use and disclosure of your relevant PHI where you seek treatment from a health care provider.

Information gathered during a communicable disease outbreak investigation can be disclosed without your consent as set out in *The Public Health Act, 1994*. Laboratories, for example, are required to report each case of certain diseases to the appropriate public health unit.

How can I get a copy of my immunization record?

You have the right to read or request a copy of your immunization record. If you would like a copy of your or your child's immunization record, ask your public health nurse or immunization provider, or go to

[MySaskHealthRecord at:
https://www.ehealthsask.ca/MySaskHealthRecord.](https://www.ehealthsask.ca/MySaskHealthRecord)

What you can do if you have a concern or complaint about the privacy of your information in Panorama?

If you have questions or concerns regarding your PHI or its use, please talk to your public health practitioner. If you still have concerns, talk to a representative responsible for Public Health services within AHA, SHA, FNIHB or NITHA.

HIPAA provides the right to access PHI about oneself, including what information is in your record, which could include who has accessed it, or to request amendments to records about yourself if you feel the information contains an error or omission.

For the information collected during the investigation of a communicable disease, it is also possible for you to find out what personal information is in your record, including who may have accessed it, although this is not a routine process. There is no right to request an amendment of your information, although that type of request could apply to the source of information that is kept in the record, for instance to the medical lab which issued a lab report that you think is inaccurate.

For more information see:

<https://www.saskatchewan.ca/residents/health/accessing-health-care-services/your-personal-health-information-and-privacy>

If you wish to register a formal complaint regarding a privacy issue, you are encouraged to contact the eHealth Privacy Service or the Ministry of Health.

If the issue is not addressed to your satisfaction, you can contact the Office of the Saskatchewan Information and Privacy Commissioner at:

(306) 787-8350 or 1-877-748-2298

(toll free within Saskatchewan)

webmaster@oipc.sk.ca

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