



# CONSENT FOR RECOMMENDED IMMUNIZATIONS

INFANT, CHILDHOOD AND ADOLESCENT IMMUNIZATIONS

## Section 1: Personal information

Legal last name		Legal first name		Date of birth YYYY / MM / DD	
<input type="checkbox"/> M	<input type="checkbox"/> F	Health card # and issuing Province/Territory		Physical Address	
<input type="checkbox"/> Non-binary					
Name of parent/guardian			Relationship to child		Primary phone number
<b>Alert:</b> Has your child ever had a serious or life threatening allergic reaction? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Allergies:</b> Has your child had a previous reaction to immunization? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Allergies or chronic conditions:</b>					

## Section 2: Consent

**For the vaccines listed below, check yes or no, sign and date.**

I understand the information in the Yukon Immunization Information Sheets for the immunizations listed below. I understand the benefits and possible reactions for each immunization and the risk of not getting immunized. I have had the opportunity to ask questions. I understand this consent is valid for the vaccine(s) listed below unless the consent is cancelled.

I understand that the community health nurse will review my child's personal immunization record and offer only those immunizations that are required in order to provide complete protection according to the Yukon Immunization Schedule.

<b>DTaP-HB-IPV-Hib</b>	<b>DTaP-IPV-Hib</b>	<b>DTaP-IPV/Tdap-IPV</b>
<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A	<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A	<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A
<b>Tdap</b>	<b>HPV</b>	<b>Influenza</b>
<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A	<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A	<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A
<b>MMR</b>	<b>Meningococcal conjugate</b>	<b>Pneumococcal conjugate</b>
<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A	<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A	<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A
<b>Rotavirus</b>	<b>Varicella</b>	<b>Other:</b>
<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A	<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A	<input type="checkbox"/> I do consent <input type="checkbox"/> I do not consent <input type="checkbox"/> N/A

<b>Signature or parent/guardian</b>	<b>Print Name</b>	Date YYYY / MM / DD
<b>Witness</b>	<b>Print Name</b>	Date YYYY / MM / DD

## HEALTH CENTRE USE ONLY

Telephone consent obtained from:	Nurse's signature:
Relationship to child:	Date: YYYY / MM / DD

Information contained in this form is collected, used and disclosed in accordance with Yukon's *Health Information Privacy and Management Act* and other applicable laws. A written statement of Health and Social Services information practices can viewed at [www.hss.gov.yk.ca/healthprivacy.php](http://www.hss.gov.yk.ca/healthprivacy.php) or by contacting the department's privacy officer at [healthprivacy@gov.yk.ca](mailto:healthprivacy@gov.yk.ca).

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