CTU-0244

KINDERGARDEN CHILDREN VACCINATION (4 – 6 Y. O.)

CONSENT FORM FOR PARENTS / GUARDIANS

SECTION A – IDENTIFICATION OF CHILD

Last name : _____ First name : _____

Date of birth (yyyy/mm/dd) : _____ Genre : ❒ M ❒ F

Name 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 -	**Have you noticed a change in your child's state of health?**	❒ YES	❒ NO	❒ I DON'T KNOW

if YES, explain : _____

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.

The information enabling you to make an informed decision is provided with this form. For all additional information on the vaccination programs, we invite you to contact your health centre (CLSC or health centre).

DIPHTHERIA, PERTUSSIS, TETANUS AND POLIOMYELITIS

Do you **accept** or **refuse** to allow your child to get the vaccine (Adacel-polio or its equivalent) against these diseases? ❒ I ACCEPT ❒ I REFUSE

OTHER RECOMMENDED VACCINE(S) ACCORDING TO YOUR CHILD'S VACCINATION STATUS:

Vaccine against : _____ Vaccine name : _____

Do you **accept** or **refuse** this vaccine for your child? ❒ I ACCEPT ❒ I REFUSE

Vaccine against : _____ Vaccine name : _____

Do you **accept** or **refuse** this vaccine for your child? ❒ I ACCEPT ❒ I REFUSE

_____ _____

Signature of Mother, Father of Guardian Date (yyyy/mm/dd)

_____

Relationship (Mother, Father or Guardian)

CTU-0244

Nom, prénom : ______________________________

Dossier : ______________________________

ᐃᓕᓐᓂᐊᓇᐊᖕᖓᑐᓄᑦ ᐱᐊᕋᕐᓄᑦ ᓵᑉᐳᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᖅ (4 – 6 ᐅᑭᐅᓖᑦ.)

ᐊᖏᕈᑎᒃ ᑕᑕᕐᓯᒪᓯᔭᖅ - ᐊᖓᔪᖅᑳᕆᔭᐅᔪᓄᑦ/ᑲᒪᔨᒋᔭᐅᔪᓄᑦ

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐊ – ᐱᐊᕋᐅᑉ ᓇᓗᓀᒃᑯᑕᖓ

ᐊᑎᕈᓯᖓ: ______________________________ ᐊᑎᖓ: ______________________________

ᐃᓅᓕᕐᕕᖓᑕ ᐅᓪᓗᖓ (yyyy/mm/dd) : ______________________________ ᓇᓪᓕᐊᒍᓂᖓ: ❒ ᐊᖑᑎᒃ ❒ ᐊᕐᓇᖅ

ᐊᑎᖏᑦ ᐊᖓᔪᖅᑳᕆᔭᐅᔪᑦ ᐅᖃᓘᑎᓐᓂᑦ ᑲᒪᔨᖏᑦ

ᐊᓈᓇᒃ: ______________________________ ᐊᑖᑕᒃ: ______________________________

ᑲᒪᔨᒃ: ______________________________

ᐊᕕᑦᑐᓯᒪᓂᖅ ᐸ – ᐱᐊᕋᐅᑉ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒍᑎᒋᓯᒪᔭᖏ ᑲᐱᔭᐅᓯᒪᐅᑎᖏᓪᓗ

1 -	ᕿᑐᖕᖏᑦ ᑲᐳᕐᑕᕕᓂᐅᑦᓯᓂ ᓱᒃᑯᓚᕿᓚᐅᕐᓯᒪᕙ ᓯᐅᕐᑐᒥᒃ ᐋᓐᓂᐊᓯᐅᑎᓄᑦ ᐅᐃᒪᓇᕐᓯᓚᕿᑦᓯᓂ ᐋᓐᓂᐊᓯᐅᕐᑕᐅᒋᐊᖃᓚᕿᓯᓂ?	❒ ᐋ YES	❒ ᐊᐅᑲ NO	❒ ᖃᐅᔨᒪᖖᖏᑐᖓ I DON'T KNOW
2 -	ᐱᐊᓃᑦ ᐋᓐᓂᐊᓂᒃ ᑎᒥᖓ ᐹᒍᑎᒥᒃ-ᓵᑉᐳᐅᕈᑦᓯᒪᕙ ᐋᓐᓂᐊᖃᕐᓂᒥᓄᑦ (ᐅᑦᑑᑎᒋᑦᓯᒍ ᐊᐅᒥᒍᑦ ᐋᓐᓂᐊᖅ) ᐋᓐᓂᐊᓯᐅᑎᑎᒍᓪᓗᓂᑦ (ᐅᑦᑑᑎᒋᑦᓯᒍ ᐆᑎᑎᕐᑕᐅᓂᒃᑯᑦ)?	❒ ᐋ YES	❒ ᐊᐅᑲ NO	❒ ᖃᐅᔨᒪᖖᖏᑐᖓ I DON'T KNOW
3 -	ᐃᑉᐱᒋᔭᖓᖃᓚᐅᕋᑕᖅᑮᑦ ᐊᓯᑦᔨᓯᒪᓕᓇᐊᖓᓂ ᕿᑐᖖᖓᐱᑦ ᐃᓗᓯᕐᓱᒍᓯᖓᓂᒃ? ᐊᖏᕈᕕᑦ ᑐᑭᓯᓇᕐᑎᑦᓯᒋᑦ:	❒ ᐋ YES	❒ ᐊᐅᑲ NO	❒ ᖃᐅᔨᒪᖖᖏᑐᖓ I DON'T KNOW

ᐊᕕᑦᑐᓯᒪᓂᖅ ᑕ – ᐊᖏᕈᑎᒃ

ᐅᑎᕐᑎᒍᒃ ᑖᓐᓇ ᐊᑎᓕᐅᕐᓯᒪᔪᖅ ᑕᑕᑦᓯᒪᑦᓯᔭᒃ ᐊᖏᕐᓯᒪᒍᐱᑦ ᐊᖏᕐᓯᒪᖖᖏᑯᕕᓪᓗᓃᑦ ᓵᑉᐳᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᒧᑦ

ᐊᖓᔪᖅᑳᕆᔭᐅᑦᓯᓂ ᑲᒪᔨᒋᔭᐅᑦᓯᓂᓪᓗᓂᑦ ᐅᑭᐅᓕᒻᒧᑦ 14 ᐊᑖᓂ, ᐃᑉᐱᒋᔭᑦᓯᔭᖅᑯᑎᑦ ᑐᑭᑖᕐᓂᓄᑦ ᐱᔾᔪᑎᒋᓗᒍ ᓵᑉᐳᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᒧᑦ ᑖᑦᓯᒎᖓ ᐱᐊᕋᕐᒧᑦ ᐊᒻᒪᓗᒋᐊᓪᓚᒃ ᐁᑦᑑᑎᖅᑲᕐᓂᒥᒃ ᓇᒻᒥᓂᕐᓄᐊᖓᔪᓂᒃ ᑐᓴᕐᕋᓴᓂᒃ ᑖᒃᑯᓄᖕᖓᓕᖓᔪᓂᒃ

ᑐᑭᓯᒪᑎᑦᓯᒍᑏᑦ ᐱᕕᖃᕐᑎᓯᕗᑦ ᐃᓕᓐᓂᒃ ᑐᑭᑖᑦᓯᐊᕈᓐᓇᓂᕐᒧᑦ ᑖᑦᓯᒥᖓ ᑕᑕᕐᓯᒪᑦᓯᔭᒥᒃ. ᐃᓗᓐᓇᓯᐊᖏᓐᓄᑦ ᐊᓯᒋᐊᓪᓚᖏᓐᓄᑦ ᑐᑭᓯᒪᑎᑦᓯᒍᑎᓄ ᑕᒪᑦᓯᒪ ᓵᑉᐳᑕᕐᖅᑲᕐᓂᒧᑦ ᑲᐳᕐᑕᐅᓂᕐᔫᓕᖓᔪᓕᒫᓄᑦ, ᖃᐅᔨᒋᐊᕐᑯᔾᔭᒍᑦ ᐃᓕᓐᓂᒃ ᐋᓐᓂᐊᕕᕐᑯᑎᑦᓯᓄᑦ (ᐋᓐᓂᐊᓯᐅᕐᑕᕖᒃ ᐅᖃᓘᑎᓐᓂᑦ ᐃᓗᓯᕐᓯᓯᐊᕐᕕᓕᓇᕖᒃ).

ᑖᒃᑯᐊ ᖃᓂᒻᒪᓯᑦ DIPHTHERIA, PERTUSSIS, TETANUS ᐊᒻᒪᓗ POLIOMYELITIS

ᐊᖏᖅᑮᑦ ᐅᖃᓗ ᐊᖏᖖᖏᓚᑎᑦ ᐱᐊᓃᑦ ᓵᑉᐳᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᒐᔭᕐᐸᑦ (Adacel-polio ᐅᖃᓘᑎᓐᓂᑦ ᐊᑦᔨᐸᓯᖓᓄᑦ) ᓵᑉᐳᑕᑦᓴᕆᓂᐊᕐᓗᒋᑦ ᑖᒃᑯᓄᖓ ᖃᓂᒪᓴᕐᓄᑦ?	❒ **ᐊᖏᕐᐳᖓ - I ACCEPT** ❒ **ᐊᐅᑳᖅᑯᖓ - I REFUSE**

ᐊᓯᖏᑦ ᐅᓐᓂᑑᔾᔭᐅᓯᒪᔪᑦ ᑳᐳᑎᐅᑉ ᐃᒪᑦᓴᔭᖏᑦ ᐱᐊᕋᕐᓄᑦ ᓵᑉᐳᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᒍᑎᒋᓖᕐᓯᒪᔭᖓ ᒪᓕᓪᓗᒍ:

ᑳᐳᑎᐅᑉ ᐃᒪᑦᓴᔭᖓ ᓵᑉᐳᑕᑦᓴᐅᓗᓂ ᐆᒧᖓ ᖃᓂᒪᓴᒧᑦ: __________ ᑳᐳᑎᐅᑉ ᐃᒪᑦᓴᔭᖓᑕ ᐊᑎᖓ: __________	❒ **ᐊᖏᕐᐳᖓ - I ACCEPT**
ᐊᖏᖅᑮᑦ ᐅᖃᓗ ᐊᖏᖖᖏᓚᑎᑦ ᐱᐊᓃᑦ ᓵᑉᐳᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᒐᔭᕐᐸᑦ?	❒ **ᐊᐅᑳᖅᑯᖓ - I REFUSE**
ᑳᐳᑎᐅᑉ ᐃᒪᑦᓴᔭᖓ ᓵᑉᐳᑕᑦᓴᐅᓗᓂ ᐆᒧᖓ ᖃᓂᒪᓴᒧᑦ: __________ ᑳᐳᑎᐅᑉ ᐃᒪᑦᓴᔭᖓᑕ ᐊᑎᖓ: __________	❒ **ᐊᖏᕐᐳᖓ - I ACCEPT**
ᐊᖏᖅᑮᑦ ᐅᖃᓗ ᐊᖏᖖᖏᓚᑎᑦ ᐱᐊᓃᑦ ᓵᑉᐳᑕᕐᑖᓂᕐᒧᑦ ᑲᐳᕐᑕᐅᒐᔭᕐᐸᑦ?	❒ **ᐊᐅᑳᖅᑯᖓ - I REFUSE**

______________________________ ᐊᑎᓕᐅᕐᕕᒃ ᐊᓈᓇᖓᑕ ᐋᑖᑕᖓᑕ ᑲᒪᔨᒐᖓᓄᓪᓗᓃᑦ

______________________________ ᐅᓪᓗᖅ (yyyy/mm/dd)

______________________________ ᑭᓇᒋᔭᐅᓂᖅ (ᐊᓈᓇᖓ ᐊᑖᑕᖓ ᑲᒪᔨᒋᔭᖓᓄᓪᓗᓃᑦ)