

This space must include the file #, last name, first name, date of birth, HIN, mother's last and first name, father's last and first name

CONSENT BY PROXY FOR VACCINATION

To complete if your child is under 14 years of age and comes to the vaccination appointment without a parent or guardian.

First and last name of child _____ Date of birth _____
yyyy/mm/dd

First and last name of parent/legal guardian _____

Vaccination Screening Questionnaire (if you answered yes to any of the questions, please provide more details in the next section)

- Have you noticed any recent changes in your child's health (compared to usual)? Yes No
- Does your child have fever right now? Yes No
- Has your child ever had a febrile seizure (convulsions caused by fever)? Yes No
- Has your child ever had an allergy bad enough to require urgent medical care? If so, which allergy? _____
 Yes No
- After getting a vaccine, has your child ever had a reaction bad enough to require a visit to the doctor? If so, to which vaccine and what was the reaction? _____
 Yes No
- Does your child suffer from immunodeficiency (body not able to resist infections) due to an illness (e.g.: leukemia) or a medication that they are taking now (e.g.: chemotherapy)? Yes No
- In the last 11 months has your child received a blood transfusion or an intravenous immunoglobulin injection? Yes No
- Does your child have a blood clotting disorder that requires regular medical follow-up (e.g.: hemophilia)? Yes No
- If your child is less than 6 months old : while pregnant, did the mother receive a biological therapy for an auto-immune disorder? Yes No
- Does your child have any health issues? Were they born premature or with a low birth weight? Yes No
- Has your child had the chickenpox or shingles after 12 months of age? If so, please write the date _____
yyyy/mm/dd Yes No
- Has your child been vaccinated in the last month? Yes No

DETAILS RELATED TO THE QUESTIONS ABOVE

I _____ Father Mother Guardian, believe that my child is fit to receive the vaccine(s).

I confirm that I have read and understood the benefits and the risks of vaccination after reading the information found on the internet at this address : <https://publications.msss.gouv.qc.ca/msss/en/document-002058/>

I also confirm that I have taken note of the vaccines to be given and know the steps to follow in the event that my child has a reaction to the vaccine(s).

I hereby consent that the vaccine(s) recommended for a child of my child's age, as outlined in the immunization schedule of the PIQ (Québec's immunization protocol), be given to my child, who will be accompanied by _____, the caregiver responsible for my child in my absence.

I also affirm that I will let my child's caregiver know of any changes to the answers to any of the questions above. My caregiver agrees to wait a minimum of fifteen (15) minutes after the injection of the vaccine(s) before leaving the clinic. If you need more information, you can call me at the following phone number(s):

Home _____ Work _____

Date _____ Signature _____
yyyy/mm/dd Parent or guardian