

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 _____ ☐ Yes ☐ No
yyyy/mm/dd
- 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