Saskatchewan
Health Authority

Seasonal Influenza
Child not Accompanied by Parent/Guardian/Telephone Consent for Immunization
6 months to 17 years old

Section 1: Client Information		
Last Name	First Name	Gender M F
Health Services Number	Birthdate (MM/DD/YY)	Age of Child

Section 2: Vaccine Screening Questions: (Parent/Legal Guardian to complete)

1. Is your child well today?
   No ☐ Yes ☐ If no, describe:
2. Has your child had a life threatening reaction (anaphylaxis) to the Influenza vaccine or its components in the past?
   No ☐ Yes ☐ If yes, describe
3. Does your child have any severe allergies?
   No ☐ Yes ☐ If yes, describe:
4. Has your child developed Guillain-Barré Syndrome (GBS) within 6 weeks of receipt of influenza vaccine?
   No ☐ Yes ☐

Section 3: Consent for Immunization: (Parent/Guardian to complete if not accompanying child)

I have read the Influenza Vaccine information sheet. I am aware that the Saskatchewan Health Authority accesses the immunization record from the electronic provincial immunization registry for the person named above, to determine the need for immunization. I am aware that his/her immunizations and health related information will be documented into the electronic provincial immunization registry and may be shared with health care professionals to provide public health services, assist with diagnosis and treatment, and to control the spread of vaccine preventable diseases.
I consent for my child named above to be immunized with Seasonal Influenza vaccine.

Parent/Guardian Name	Parent/Guardian Signature	Date	Phone Number

Section 4: Telephone Consent (Health Care Provider to complete): Influenza ☐

Health Care Provider to obtain consent as per Chapter 3, Section 4 of the Saskatchewan Immunization Manual (SIM), including as it relates to Panorama under Section 3 above.

Name of Person Giving Consent		
Relationship to Client	Phone Number	
Health Care Provider (printed)	Health Care Provider Signature	Date (MM/DD/YY)
Reason for telephone consent		