

Client ID:				MIE #:		
First Name				Last Name		
Birth Year	Month	Day	Age	☐ Male	☐ Female	☐
Child's Weight in kg				Address		
Name of Parent/Legal Guardian				Phone number		
Email Address: (please print)						

Consent for Vaccination

I have read the attached vaccine information, and understand the expected benefits, possible risks, and side effects of the vaccines. I also understand the potential risks to my child's health if they are not vaccinated. I have had the opportunity to have my questions answered by Toronto Public Health and understand that I can withdraw my consent at any time.

Consent For Follow-Up

Toronto Public Health may contact you by email for purposes related to the covid vaccine (for example, to send receipt of vaccination).

☐ I consent to receive follow-up communications from Toronto Public Health by email

I authorize Toronto Public Health to administer the following vaccines to my child:

- ☐ Influenza (flu) vaccine
- ☐ Respiratory Syncytial Virus (RSV)
- ☐ COVID-19

X _____
Signature of Parent/Legal Guardian

Date

Personal health information on this form is collected under the authority of the Health Protection and Promotion Act, R.S.O. 1990, c. H. 7. s. 5. Health assessment questions will be used in the administration of vaccine, and any contact details you provide will assist TPH staff in following-up with you if necessary. The confidentiality of this information is protected, it will be stored in a database administered by the Province and handled according to the Personal Health Information Protection Act. See our Information Practices Statement (<https://www.toronto.ca/community-people/health-wellness-care/information-practices-statement/>) or contact publichealth@toronto.ca, or 416-338-7600 Monday to Friday 8:30a-4:30p for more information (<https://www.toronto.ca/community-people/health-wellness-care/information-practices-statement/>) or contact Vaccine Preventable Diseases at 416-338-7600 Monday to Friday 8:30a-4:30p for more information.

Q.	Health Assessment: Nurse to complete with client	YES	NO
1.	Have you (while pregnant) or your child ever received an RSV vaccine?		
2.	Does your child have a fever?		
3.	Has your child had a COVID vaccine in the past 3 months?		
4.	Does your child have any illness or health concerns? ☐ history of fainting ☐ neurological disorder ☐ bleeding disorder ☐ history of <i>Guillain-Barré Syndrome</i> ☐ history of <i>Oculo-Respiratory Syndrome</i> ☐ history of myocarditis following COVID vaccination		
5.	Has your child had a reaction to any vaccine before? (e.g. rash, shortness of breath, fainting)		
6.	Does your child have any allergies? ☐ Thimerosal ☐ Neomycin or polymyxin B ☐ Polysorbate 80 ☐ Polyethylene glycol (PEG 2000) (COVID) ☐ Tromethamine (COVID) ☐ Other _____		

Vaccine Administration: Nurse to complete

FLU Vaccine ☐ Fluviral® ☐ Fluzone® ☐ Flucelvax®	COVID 19 Vaccine ☐ Moderna
Influenza Vaccine (0.5 mL)	COVID-19 Vaccine (0.25mL)
☐ Deltoid ☐ Thigh ☐ Left ☐ Right	☐ Deltoid ☐ Thigh ☐ Left ☐ Right
Lot #: _____ expiry date: _____	Lot #: _____ expiry date: _____
loading nurse: _____	loading nurse: _____
dosing nurse (print & sign): _____	dosing nurse (print & sign): _____
dosing date & time: _____	dosing date & time: _____
Panorama entered by: _____	Panorama entered by: _____
RSV ☐ Beyfortus® ☐ 0.5mL (<5kg) ☐ 1.0 mL (≥5kg)	☐ Deltoid ☐ Thigh ☐ left ☐ right
Lot #: _____	expiry date: _____
dosing nurse (print & sign): _____	loading nurse: _____
dosing date and time: _____	Panorama entered by: _____