

Dear Parent/Guardian,

Most students have received protection from Tetanus, Diphtheria, and Pertussis (Whooping cough) through immunization during early childhood. To maintain this protection, a booster is offered in grade nine.

PLEASE NOTE:

SIGN and RETURN the consent card if you want your child to receive the vaccine, and:

1. Your child has not received a tetanus or diphtheria containing vaccine in the past five years. The combined tetanus/diphtheria/pertussis vaccine will be given at school.

If you do NOT want your child immunized: print your child's name and the word "Refused" on the consent form and return it to the school.

If your child received a tetanus or diphtheria containing vaccine in the past 5 years:

1. On the consent form, write the name of the vaccine and the date that it was given. Return the form to the school. The vaccine will **not** be given.

IMPORTANT: booster doses of tetanus/diphtheria vaccine are recommended every 10 years.

- * If your child has never received a series of vaccines against tetanus, diphtheria, or pertussis, a series of basic immunization can be arranged by phoning the health unit for an appointment.

Facts about Tetanus, Diphtheria, and Pertussis

- **Tetanus** (lockjaw) is caused by bacteria that live in dirt. If you have a cut that gets infected with the tetanus germ, you may get tetanus. The bacteria make a poison that can cause muscle paralysis. It is particularly serious if the breathing muscles are affected.
- **Diphtheria** is a serious infection of the nose and throat that kills 1 out of 10 people who get the disease. Diphtheria can cause heart failure, paralysis, and breathing problems.
- **Pertussis** (whooping cough) is a very contagious disease of the lungs and throat. It can cause severe coughing spells that often end with a whoop, spitting up mucous, or vomiting. The cough can last up to a month or two and happens more at night. Pertussis can also cause pneumonia, convulsions, brain damage or death.

Possible Vaccine Reactions

- Pain, swelling, or redness where the needle was given. These symptoms are usually mild and may last for one or two days. The reaction is more likely to occur if the person has received the vaccine more often than recommended.
- A small painless lump may also develop where the needle was given. This usually disappears within two months.

With any vaccine or drug, there is a possibility of a shock-like allergic reaction (anaphylaxis). This can be hives, wheezy breathing, or swelling of some part of the body. If this happens, particularly swelling around the throat, immediately go to your family doctor or hospital emergency. Please also report such reactions to the health unit.

See back of pamphlet for an important message prior to signing this consent.

Tetanus/Diphtheria/Pertussis Immunization
After immunization, this section will be returned to you for your personal health files.

Student Name _____

Birth Date _____ (YYYY/MM/DD)

Tetanus/Diphtheria/Pertussis Vaccine
Office Use Only

IMMUNIZATION DATE (YYYY/MM/DD)

TO BE DETACHED BY PUBLIC HEALTH NURSE

Request for Tetanus/Diphtheria/Pertussis Reinforcing Immunization – Consent Form

Student Name _____ Birth Date _____ (YYYY/MM/DD)

Personal Health Number (Child's CareCard Number) _____

School _____ Div. _____

Parent/Guardian _____ (PRINT NAME) Phone Number (____) _____

I have read or had explained to me the information on the vaccine and I believe I understand the benefits, risks, contraindications and side effects. I have had the opportunity to ask questions that were answered to my satisfaction. I REQUEST THAT THE ABOVE NAMED INDIVIDUAL BE IMMUNIZED AGAINST TETANUS/DIPHTHERIA/PERTUSSIS (1 DOSE).

Date _____ (YYYY/MM/DD) Signature _____

Please indicate whether you are a Parent Legal Guardian.

This consent is valid for one year from the date of signature unless cancelled in writing. It is recommended that parents and students discuss this consent for immunization.

Tetanus/Diphtheria/Pertussis Vaccine – Office Use Only

DATE (YYYY/MM/DD)

LOT #

PROVIDER

(Please sign and detach the entire Consent Form portion of this pamphlet and return it to the school)

Important Message

It is important to discuss any of the following with your public health nurse before signing this consent:

- If your child currently has a moderate to severe acute illness (the public health nurse will delay the tetanus/diphtheria/pertussis vaccine).
- If your child has had a shock-like allergic reaction (anaphylaxis) to a previous dose of any tetanus, diphtheria, or pertussis-containing vaccine, or to any component of the tetanus/diphtheria/pertussis vaccine (aluminum phosphate and 2-phenoxyethanol). The vaccine will not be given to your child.

Mature Minor Consent

While every effort is made to seek parent/guardian consent prior to immunization, children under age 19 who are able to understand the benefits and risks of specific immunizations may consent or refuse each immunization regardless of the parental/guardian wishes. Appropriate steps are taken to avoid peer influence in these decisions. Parents/guardians and their minor children are advised to discuss consent issues.

Tetanus Diphtheria Pertussis Immunization



Information about the Tetanus-Diphtheria- Pertussis Booster for Grade Nine students

**Please return this consent form
to the school *promptly*.**

Personal information collected will be used to enable the health authority to update the student's immunization record. Statistical information will then be provided to the Ministry of Health Planning for review, planning and analysis. The information will be used and disclosed in accordance with the *Freedom of Information and Protection of Privacy Act*. If you have any questions about the collection and use of this personal information contact your local Public Health Nurse.