

Dear Parent/Guardian,

A chickenpox (varicella) vaccine is being offered to students who are NOT protected against chicken pox disease. This includes children who have not had

- Chickenpox or Shingles Disease
- Chickenpox (Varicella) Immunization

This form is to collect information about your child's health.

- Please complete Part A and Part B
- In Part B, please complete Box 1 or Box 2

BOX #1

If your child needs to be immunized:

- Sign and return the form to school
- *Children who have not had Chickenpox disease, shingles or vaccine are NOT protected from Chickenpox disease.*

BOX #2

If your child has had Chickenpox disease:

- Check the box "My child has had chickenpox disease".
- Provide the date of disease, sign, and return the form to the school.
- *If your child has had Chickenpox disease, they do NOT need to have the Chickenpox vaccine.*

If your child has already received a chickenpox vaccine:

- Check the box "My Child has had Chickenpox vaccine"
- Provide the date the vaccine was given, sign, and return the form to the school.
- *There is no information at this time that indicates a need for a booster dose of this vaccine.*

If you signed consents for your child to receive immunization against hepatitis B and meningococcal C, these vaccines can safely be given at the same time as chickenpox vaccine.

Facts about Chickenpox

- Chickenpox is caused by the varicella zoster virus. It is spread from person to person through direct contact with blisters that form on the skin, or through the air when a person with chickenpox coughs or sneezes.
- Chickenpox is a more serious disease in adolescents and adults, and in persons whose immune system is weak.
- Chickenpox can cause inflammation of the bones, heart or brain, blood infection, and pneumonia. Chickenpox increases the risk of flesh-eating disease by 40 to 60 times.
- Children are protected if they have had Chickenpox or Shingles disease, or received Chickenpox vaccine (after 12mos of age).

Possible Vaccine Reactions

- Pain, swelling, or redness may occur where the needle was given. These symptoms are usually mild and may last for one or two days.
- Fever, and a chickenpox – like rash, at the injection site or on the body, may appear in 0-42 days. The number of spots is usually small. The student can continue to go to school with the rash covered.
- If a chickenpox-like rash develops after vaccination and cannot be covered, minimize contact with persons with a weakened immune system.

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.

Chickenpox (Varicella) Immunization

After immunization, this section will be returned to you for your personal health files.

Student Name _____

Birth Date _____
(YYYY/MM/DD)

Varicella Vaccine – Office Use Only

IMMUNIZATION DATE (YYYY/MM/DD)

TO BE DETACHED BY PUBLIC HEALTH NURSE

Part A Request for Chickenpox (Varicella) Immunization

Student Name _____ Birth Date _____

Personal Health Number (Child's Care Card Number) _____

Parent Name (Print) _____

School _____ Div. _____ Home Phone #: _____

Part B Box #1

IDO wish to have my child immunized for chickenpox.

I have read or had explained to me the information about Chickenpox (Varicella) vaccine, and I believe I understand its benefits, risks and side effects. I have had the opportunity to ask questions that have been answered to my satisfaction.

I request the above named be immunized against chickenpox.

Date _____ Signature _____
(YYYY/MM/DD) Parent or Guardian

This consent is valid for one year unless cancelled in writing

Date Immunized _____ Lot Number _____
(YYYY/MM/DD) (YYYY/MM/DD)

Box #2

IDO NOT wish to have my child immunized for chickenpox.

- My child has had chickenpox disease. Date _____
- My child had chickenpox vaccine on: Date _____
- Refused _____

Date _____ Signature _____
(YYYY/MM/DD) Parent or Guardian

Provider _____ Site: RA LA

Health Unit

Vancouver Coastal Health
5th Floor, 132 West Esplanade
North Vancouver, BC
V7M 1A2
Tel: (604)983-6700

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 Services 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.

Important Message

Chickenpox vaccination may be delayed or withheld if:

- Your child has a moderate to severe acute illness on the clinic day.
- Your child has had a shock-like allergic reaction (anaphylaxis) to a previous dose of any vaccine. Please contact the school nurse if your child has severe allergies to any medications.
- If your child has a medical condition that affects the immune system, talk to your medical specialist about receiving the vaccine.

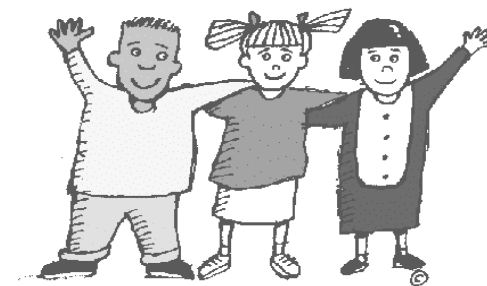
If you have any questions or concerns, please contact the Child and Youth On-call nurse at (604)983-6700.

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.

01/08/2006

Chickenpox (Varicella) Immunization



Information about the Chickenpox Vaccine

**Please return this consent form to
the school *right away*.**