Huron Perth Public Health

Panorama ID #: _____

Respiratory Syncytial Virus (RSV) Immunization Consent Form - Child

Use this form to request consent to receiving an RSV immunization.

RSV immunization recipient information

1

First name: _____ Last name: _____

Date of Birth: _____ Age: _____ Weight: _____ (kg/lbs)

Address *(not P.O. Box)*: _____ Postal Code: _____

Health Card #: _____ Daytime Phone #: _____

Personal health information

This information is collected under the authority of the ***Health Protection and Promotion Act*** and the ***Personal Health Information and Protection Act*** for the purpose of administering the RSV program, and documenting in Panorama provincial immunization database.

2

Has your child ever had a reaction to an immunization?	☐ No	☐ Yes
Does your child have any serious allergies? *(Please discuss with the nurse)*	☐ No	☐ Yes
Does your child have any serious health and/or immune system problems, or take medication for any serious health concerns?	☐ No	☐ Yes
Does your child have a history of seizures, fainting or asthma?	☐ No	☐ Yes
Has your child received **Beyfortus** immunization previously?	☐ No	☐ Yes
Has the mother had an RSV immunization during pregnancy?	☐ No	☐ Yes

If you answered yes to any of the above questions, please explain.

_____

_____

_____

Health history reviewed ☐ *(nurse's initials)*

Signature *(required)*

I have read or had explained to me the information about the RSV immunization.
I have had the chance to ask questions and understand the answers provided to me.

3

☐ YES, I consent to my child receiving the RSV immunization indicated on this form. ☐ NO, I do not consent

_____ _____

Parent/legal guardian signature Print name

Relationship to child receiving the immunization: _____

Legal guardian phone number: _____

To be completed by nurse

Notes:

_____

_____

_____

_____

4

☐ **Beyfortus 0.5 ml (<5 kg)** Data entered ☐

Date	Time	Lot # | Expiry Date	Site	Initials
			L or R Anterolateral thigh Deltoid	

☐ **Beyfortus 1.0 ml (≥5 kg)** Data entered ☐

Date	Time	Lot # | Expiry Date	Site	Initials
			L or R Anterolateral thigh Deltoid	