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November 26, 2021

Dear Prairie Spirit families:

The Saskatchewan Health Authority (SHA) is now offering COVID-19 vaccination clinics for children 5 years of age and older throughout the province. The SHA has asked Prairie Spirit to assist with their communication process by sending a parent letter and consent form to families in our school communities (on the following pages).

If you wish to take your child to a vaccination clinic, the consent form will be submitted to the nursing staff at the clinic and will not be handled or collected by school staff in any way.

If you would like the school to print a consent form to send home with your child for your use, please contact the school office.

The following QR code provides links to upcoming vaccination clinics.



[COVID-19 Vaccine Details](#) | [COVID-19 Vaccine Information](#) | [Government of Saskatchewan](#)

Prairie Spirit School Division supports the provincial COVID-19 vaccination program. Vaccination is essential to protecting ourselves, our families, and our community against COVID-19.

Prairie Spirit does not mandate vaccination for students. We understand and respect that each family will make their own decision regarding vaccination.

If you have questions or concerns about the vaccine program, please contact your health care provider.

Sincerely,

Darryl Bazylak  
Director of Education

**November 22, 2021**

Parents/Guardians,

The Saskatchewan Health Authority (SHA) is working with your school division to arrange for the administration of a pediatric dose of the Pfizer COVID-19 vaccine to students aged five to 11 years beginning in late November. (Those born in 2009 and earlier continue to be eligible as well.) The delivery plan will also include participating pharmacies and SHA clinics. Providing immunization to students is consistent with new national recommendations and authorization by Health Canada. The COVID-19 vaccine is voluntary.

Children are at lower risk of serious illness or death from COVID-19. However, to minimize the spread of COVID-19 it is important to immunize as many eligible children safely and as quickly as possible.

Pfizer is currently the only brand of pediatric COVID-19 vaccine that is approved by Health Canada. The COVID-19 vaccine for children 5-11 years old is a slightly different formulation/dosage than the vaccine for those 12 years and older. Clinical trials indicated no safety concerns among children five to 11 years of age. The studies also showed that expected vaccine side effects (such as soreness at the injection site and muscle aches) were well tolerated and resolved in 2-3 days.

Children five to 11 years old have very good immune responses when they receive 2 doses as recommended. In fact, the vaccine was about 90.7% effective in preventing symptomatic COVID-19 among children participating in the clinical trials, and there were no serious adverse events related to the vaccine.

The attached consent form and links to vaccine information online are provided for both parents and students to read and discuss before proceeding with immunization. A consent form must be signed by a parent or legal guardian and presented at the clinic in order for children in the five to 11 year old group to receive a vaccine.

Information about the Pfizer vaccine, after care following immunization and an electronic copy of the consent form are available on [saskatchewan.ca/covid19-vaccine](https://saskatchewan.ca/covid19-vaccine).

Additional information, including common questions as well as a French version of this package, is also available on [saskatchewan.ca/covid19-vaccine](https://saskatchewan.ca/covid19-vaccine). Parents can accompany their children to [participating pharmacies](#) or [SHA clinics](#) for immunization. School clinics may have different restrictions, so it is best to check with the clinic at your school/division. Appointments can also be booked by calling 1-888-SASK-VAX.

Parents/guardians are able to access their child's immunization record through MySaskHealthRecord. You must have an account yourself, and the child's information can be linked. Parents/guardians with MySaskHealthRecord who have not already made a request for access to a child's immunization record are encouraged to do so. (Those 14 and older must have their own account.) More information is available here:

[https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord/Pages/Child\\_MSHR.aspx](https://www.ehealthsask.ca/MySaskHealthRecord/MySaskHealthRecord/Pages/Child_MSHR.aspx).

The COVID-19 immunization is a safe, effective way to help everyone stay healthy, prevent illness and save lives. Thank you for considering this opportunity.

### ***Healthy People, Healthy Saskatchewan***

The Saskatchewan Health Authority works in the spirit of truth and reconciliation, acknowledging Saskatchewan as the traditional territory of First Nations and Métis People.

**NOTICE OF CONFIDENTIALITY:** This information is for the recipient(s) listed and is considered confidential by law. If you are not the intended recipient, any use, disclosure, copying or communication of the contents is strictly prohibited.

# Consent for COVID-19 Vaccine for Children

Parents/Guardians: Complete sections 1, 2, 3 clearly in pen.

Completed, signed consent must be presented at the time of vaccination.

## SECTION 1: CHILD'S PERSONAL INFORMATION (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)

Child's Last Name	Child's First Name	Child's Gender M F Other: _____	Birthdate YY/MM/DD	
Health Services Number	Address/PO Box, Town, Postal Code		School	
Parent/Guardian Name (print)	Cell Phone ( )	May we text you? Yes No	Preferred Phone Number ( )	Teacher
Your Relationship to this Child (e.g., mother)		Parent/Guardian Email Address		

**DO NOT ATTEND FOR IMMUNIZATION IF YOU ARE CURRENTLY ON ISOLATION DUE TO A RECENT POSTIVE COVID TEST, ARE HAVING COVID SYMPTOMS OR HAVE BEEN NAMED AS A CLOSE CONTACT.**

## SECTION 2: CHILD'S HEALTH CHECKLIST (PARENT/GUARDIAN MUST COMPLETE THIS SECTION)

1. Does this person have any allergies, including to any of the **Pfizer BioNTech** or **Moderna** COVID-19 vaccine ingredients, medicines, cosmetics, or foods (e.g. PEG)?  No  Yes If yes, describe \_\_\_\_\_
- 2a. Has this person had a COVID-19 vaccine before?  No  Yes If yes, state COVID-19 vaccine brand (e.g., **Pfizer BioNTech** or **Moderna**), date of immunization and dose number \_\_\_\_\_
- 2b. Has this person had a side effect from a COVID-19 or other vaccine?  No  Yes Describe \_\_\_\_\_
3. Is this person taking any medicines?  No  Yes If yes, list \_\_\_\_\_

## SECTION 3: CONSENT FOR IMMUNIZATION (PARENT/GUARDIAN MUST READ THIS SECTION)

- I have read the information in the **Pfizer BioNTech** and **Moderna** vaccine information sheet provided.
- I have had the opportunity to ask questions and they were answered to my satisfaction.
- I understand the benefits and possible reactions (side effects) for the vaccine.
- I understand the potential disease risks to my child if they do not get immunized.
- I understand that in the rare occurrence of anaphylaxis, emergency treatment will be provided to my child.
- I understand that when a vaccine series requires more than one dose, my consent continues until all required doses of the vaccine have been provided to my child, unless I let the school Public Health Nurse know that I cancel my consent.

**As a parent/guardian of this child, I understand and acknowledge that it is my responsibility to:**

- Seek medical attention should my child have an unusual or severe reaction following immunization. If this occurs, I will seek treatment for my child and notify public health immediately.
- Inform the school nurse of any changes to my child's health status set out in Section 2 that arise after signing this consent form.
- It is recommended that parents/guardians discuss consent for immunization with their children. Efforts are first made to get parental/guardian consent for immunizations. However, children 13 years and older who are able to understand the benefits and possible reactions for each vaccine and the risks of not getting immunized, can legally consent to receive or refuse immunizations in Saskatchewan by providing mature minor informed consent to a healthcare provider.

## A PARENT/GUARDIAN MUST CHECK YES OR NO, AND THEN SIGN AND DATE FOR THE VACCINE LISTED BELOW

I HAVE READ AND BEEN FULLY INFORMED REGARDING THE ABOVE INFORMATION.

I CONSENT FOR MY CHILD TO GET IMMUNIZED WITH THE **PFIZER BIOTECH COVID-19** VACCINE SERIES.  YES  NO

OR

I CONSENT FOR MY CHILD TO GET IMMUNIZED WITH THE **MODERNA COVID-19** VACCINE SERIES.  YES  NO

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ YY/MM/DD

08/2021

**SECTION 4: IMMUNIZER USE ONLY**

Child's Name: \_\_\_\_\_ DOB YY/MM/DD HSN# \_\_\_\_\_

Date consent directive entered into Panorama: YY/MM/DD Initials: \_\_\_\_\_

Use this section if Point of Service documentation is unavailable.

POS /  
Entered

Date given	Vaccine Brand	Dose #	Lot #	Dosage	Route	Site	Nurse signature	POS / Entered
YY/MM/DD		1		mL	IM	LA RA		
YY/MM/DD		2		mL	IM	LA RA		

Verbal consent obtained

Mature minor consent obtained

Notes:

Parent/Guardian name

Child's signature

Phone number

Date & time YY/MM/DD

Date & time YY/MM/DD

Immunizer's signature