

November 18, 2009

Dear parents:

In the current context of the influenza A(H1N1) pandemic, the Agence de la santé et des services sociaux de Montréal, in collaboration with the regional office of the ministère de l'Éducation, du Loisir et du Sport, have agreed to proceed with the vaccination of students attending schools on the Island of Montréal. Vaccination will begin on November 23, 2009.

Students will be bussed to vaccination centres for vaccination against influenza A(H1N1). Vaccination is being offered during school hours to avoid disrupting the regular transportation schedule. The children will be accompanied to ensure their safety.

Please read the enclosed document and, if you wish to avail yourself of this offer for transportation, **complete, sign and date (in ink)** the consent form and return it to the school if at all possible the very next day. Students aged 14 and over may sign the consent form themselves.

To facilitate the vaccination process, please pay attention to the following elements:

- your child should wear a **short-sleeved top**;
- give your child a snack, which she or he can eat before getting vaccinated.

Please rest assured that all services offered at the vaccination centres meet all healthcare safety and security standards. Your child will be given proof of vaccination, which you can then attach to the student's vaccination booklet.

In addition, in response to the expectations of many parents, vaccination centres on the island of Montréal will be giving priority to children aged 5 to 13 who are accompanied by their parents, and to young people aged 14 to 19. Therefore from November 19 to 30, you are invited to go to a vaccination centre with your child between 2:00 p.m. and 8:00 p.m. weekdays, or between 8:00 a.m. and 8:00 p.m. on weekends.

If you would like more information about the vaccination process, please contact the school. For additional information about the vaccine, please call Services Québec (514 644-4545) or visit pandemiequebec.gouv.qc.ca.

Thank you in advance for your understanding and your cooperation.

Sincerely yours,



Robert T. Mills
Director General

(en français au verso)

**INFLUENZA A(H1N1)
CONSENT FORM FOR VACCINATION BY SCHOOL
TRANSPORTATION**

CHILD'S IDENTIFICATION

PLEASE PRINT IN CAPITAL LETTERS

____/____/____ _____ ____/____
YEAR MONTH DAY HEALTH INSURANCE NUMBER YEAR MONTH
DATE OF BIRTH EXPIRATION DATE

LAST NAME

FIRST NAME

M F
GENDER

ADDRESS

POSTAL CODE

FATHER'S NAME

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PHONE – HOME

PHONE – WORK

MOTHER'S NAME

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PHONE – HOME

PHONE - WORK

TUTOR'S NAME (IF APPLICABLE)

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PHONE – HOME

PHONE - WORK

SCHOOL ATTENDED BY THE CHILD

NAME OF SCHOOL :

CHILD'S MEDICAL AND VACCINATION HISTORY

1. Pregnancy : YES NO I do not know

Due date ____/____/____
yyyy mm dd

2. Do you feel sick today? YES NO

To be verified by the nurse on the day of vaccination

3. Has your child ever had a reaction to a vaccine that was severe enough so that he or she had to see a doctor or go to the hospital? YES NO

4. Has your child ever had an allergic reaction to eating eggs that required immediate medical care?

YES NO

If you have answered yes to one of these questions, or if you wish further information, please go to the vaccination center with your child

5. Does your child have a coagulation disorder that requires regular medical care (e.g. reduced platelet count, hemorrhagic disorder) or the use of anticoagulants (e.g. coumadin, warfarin, warfilone, heparin)?

YES NO

6. Does your child have an illness for which he/she must see a physician on a regular basis (examples : asthma, other lung disease, diabetes, heart disease, etc.)?

YES NO

7. Does your child have an immune system disorder or weakened immune system due to illness (example : leukemia) or medication (example : chemotherapy)?

YES NO

If your child has one of these conditions, a second dose of vaccine may be necessary. Please discuss this with your child's doctor.

PARENTAL or TUTOR'S CONSENT (DECISIONS)

As the parent or tutor of a child aged less than 14 years, you are responsible for making all decisions regarding the child's vaccination. A child aged 14 and over can consent by him or herself to vaccination. Consent implies that this vaccination will be recorded in the provincial vaccination registry.

The enclosed fact sheet will provide you with information to help you make an informed decision. For additional information about this vaccine, please call Services Québec (514-644-4545) or consult pandemiequebec.gouv.qc.ca.

I AGREE to have my child vaccinated against the influenza A (H1N1) virus and to have the child transported to the vaccination center by the school transportation.

X _____ / ____ / ____
Signature of the child's mother, father or tutor or by the child aged 14 and over YEAR MONTH DAY

☛ (Please sign with a pen)

Name in block letters : _____