



**Public Health**  
**Santé publique**  
SUDBURY & DISTRICTS

January 24, 2022

Dear parents / guardians / members of the school community:

**Re: Vaccine clinics**

Thank you for your ongoing support and partnership in helping us to keep our schools open for in-person learning. As part of this effort, we are pleased to be working with area school boards to evaluate and deliver COVID-19 vaccinations to children and youth.

Vaccines are safe and continue to be the most effective strategy to protect Ontarians from COVID-19. It is also important for the protection of our youngest children (0-4) years, who are not yet eligible for vaccine protection. Vaccination is supported by the Sudbury Catholic District School Board.

*Vaccine consent form collection*

Attached is a consent form that you are invited to complete to have your child vaccinated. No student will be vaccinated in a school clinic without a signed consent form. **Please return the completed consent form to the school by Friday, January 28.**

Please **DO NOT** complete the attached vaccination form if:

- your child is aged 4 years or younger;
- your child has already received their second dose of vaccine;
- you do not want your child vaccinated without you being present; or
- your child already has an appointment scheduled in a community clinic.

Depending on the number of consent forms received from students in this school, public health and the Sudbury Catholic District School Board will coordinate a vaccination approach based on interest. **Further details will be shared with you about opportunities for vaccination to take place either at your school during school hours, or a nearby neighbouring school/location. Filling out the consent form does not guarantee a clinic will be held in your school.**

**Sudbury**

1300 rue Paris Street  
Sudbury ON P3E 3A3  
t: 705.522.9200  
f: 705.522.5182

**Elm Place**

10 rue Elm Street  
Unit / Unité 130  
Sudbury ON P3C 5N3  
t: 705.522.9200  
f: 705.677.9611

**Sudbury East / Sudbury-Est**

1 rue King Street  
Box / Boîte 58  
St.-Charles ON P0M 2W0  
t: 705.222.9201  
f: 705.867.0474

**Espanola**

800 rue Centre Street  
Unit / Unité 100 C  
Espanola ON P5E 1J3  
t: 705.222.9202  
f: 705.869.5583

**Île Manitoulin Island**

6163 Highway / Route 542  
Box / Boîte 87  
Mindemoya ON P0P 1S0  
t: 705.370.9200  
f: 705.377.5580

**Chapleau**

34 rue Birch Street  
Box / Boîte 485  
Chapleau ON P0M 1K0  
t: 705.860.9200  
f: 705.864.0820

**toll-free / sans frais**

1.866.522.9200

[phsd.ca](http://phsd.ca)



Parents / guardians / members of the school community

January 24, 2022

Page 2

### *Preparing Your Child for Vaccination*

While COVID-19 vaccinations are safe, we understand you or your child may have questions about the vaccine. Please speak to your child about the many benefits of being vaccinated against COVID-19. If your child has a fear of vaccination, please visit the Public Health Sudbury & Districts website at [www.phsd.ca](http://www.phsd.ca) for additional resources.

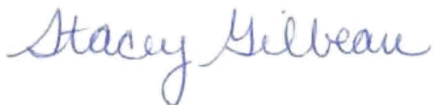
Public Health Sudbury & Districts also has many local vaccination opportunities which students and their families are welcome to attend. The schedule is updated regularly on the public health website at [www.phsd.ca](http://www.phsd.ca). Walk-in locations are identified; however, appointments are recommended and can be booked online by visiting <https://covid-19.ontario.ca/book-vaccine/> or by calling 705.674.2299 (toll-free: 1.800.708.2505) Monday to Friday between 8 a.m. and 6 p.m.

Some pharmacies are also participating in vaccinations. Please visit <https://covid19.ontario.ca/vaccine-locations> for pharmacy locations and booking information. You can also check to see if your primary care providers is offering vaccination against COVID-19.

If your child requires a sensory-friendly environment, please call 705.674.2299 (toll-free 1.800.708.2505), between 8 a.m. and 6 p.m., Monday to Friday. There is NO online booking for these clinics. The call centre will keep a list of names requesting this type of clinic.

If you have questions about COVID-19 vaccines for children and youth please see the attached Vaccine Information Sheet for Children for further information or call the COVID-19 Vaccine Consult Service 437.881.3505 (toll-free: 1-888-304-6558) or email [vaccine.consults@sickkids.ca](mailto:vaccine.consults@sickkids.ca) to book a confidential phone appointment with a SickKids clinician.

Sincerely,



Stacey Gilbeau, Registered Nurse, BScN  
Program Director, School Health, Vaccine Preventable Diseases and COVID Prevention

Encls: (2)

**COVID-19 Vaccine Children/ Youth (Age 5-17) Consent Form**

Version 3.0 –November 22, 2021

Child/Youth Last Name:	Child/Youth First Name:	Child/Youth Identification number (e.g., health card number):	
Child/Youth Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Other: _____		Child/Youth's Primary Care Clinician (Family Physician, Pediatrician, or Nurse Practitioner):	
If Indigenous, please indicate Child/Youth's Indigenous identity: <input type="checkbox"/> First Nations <input type="checkbox"/> Métis (includes members of the Métis organization or Settlement) <input type="checkbox"/> Inuk/Inuit <input type="checkbox"/> Other Indigenous, specify: _____ <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Unknown			
Mobile Phone:	Parent/legal guardian phone:		
Street Address:	City:	Province:	Postal Code:
Child/Youth Date of Birth: ____ / ____ / ____ month      day      year	School the Child/Youth is currently attending: _____ <input type="checkbox"/> Prefer not to answer <input type="checkbox"/> Home school <input type="checkbox"/> Unknown <input type="checkbox"/> Not attending school		
Has the Child/Youth previously received one or more doses of a COVID-19 vaccine? If yes, please complete the information below for all doses of vaccine received.			
First Dose date: -----/-----/----- (month, day, year)			
First dose product name: _____			
Second Dose date: -----/-----/----- (month, day, year)			
Second dose product name: _____			

## Consent to Receive the Vaccine

I have read (or it has been read to me) and I understand the Immunization Prepackage, including the following documents: 'COVID-19 Vaccine Information Sheet' or the 'COVID-19 Vaccine Information Sheet: For Children (age 5-11)' and What you need to know about your Covid-19 vaccine appointment. I have had the opportunity to ask questions regarding the vaccine and to have them answered to my satisfaction. I understand that I may withdraw this consent at any time.

I consent to receiving all recommended doses in the vaccine series.

**OR**

I am consenting on the patient's behalf to receive all recommended doses in the vaccine series and I confirm that I am the patient's substitute decision maker (e.g., parent, legal guardian).

Note: Please contact the vaccination clinic if you no longer consent to receiving the vaccine. If consent has been withdrawn by a substitute decision maker of an individual who resides in a congregate setting, then the congregate setting must contact the local public health unit.

## Acknowledgement of Collection, Use and Disclosure of Personal Health Information

The personal health information on this form is being collected in accordance with the *COVID 19, Vaccination Reporting Act, 2021* for the purpose of providing care and creating an immunization record, and because it is necessary for the administration of Ontario's COVID-19 vaccination program. This information will be used and disclosed for these purposes, as well as other purposes in accordance with the *Personal Health Information Protection Act, 2004* and as authorized and required by law. For example,

- it will be disclosed to the Chief Medical Officer of Health and Ontario public health units where the disclosure is necessary for a purpose of the *Health Protection and Promotion Act*.  
And
- it may be disclosed, as part of your provincial electronic health record, to health care providers who are providing care to you.

The information will be stored in a health record system under the custody and control of the Ministry of Health. Where a Clinic Site is administered by a hospital, the hospital will collect, use, and disclose your information as an agent of the Ministry of Health.

**I acknowledge that I have read and understand the above statement.**

You may be contacted by a hospital, local public health unit, or the Ministry of Health for purposes related to the COVID-19 vaccine (for example, to remind you of follow up appointments, to provide you with a record of immunization). If you agree to receiving these follow up communications by email or text/SMS, please indicate this using the box below.

**I consent to receiving follow-up communications:**

**by email**       **by text/SMS**

**If you agreed to be contacted by email or text/SMS, please provide your email address or your text/SMS number:** \_\_\_\_\_

### **Consent to Being Contacted About Research Studies**

You have the option of consenting to be contacted about participation in COVID-19 vaccine related research studies/surveys. If you consent to be contacted, personal health information may be used and your name and contact information will be disclosed to researchers. Consenting to be contacted about research studies does not mean you have consented to participate in the research itself. You may refuse to be contacted about research studies without impacting eligibility to receive the COVID-19 vaccine. If you change your mind, you may withdraw consent at any time by contacting the Ministry of Health at [vaccine@ontario.ca](mailto:vaccine@ontario.ca).

**I consent to be contacted about COVID-19 vaccine related research studies:**

**by email**       **by text/SMS**       **by phone**       **by mail**

If selected by email, please provide your email address: \_\_\_\_\_

**I do not consent to be contacted about COVID-19 related research studies**

Signature	Print Name	Date of Signature

If signing for someone other than myself, I confirm that I am the substitute decision maker.

If signing for someone other than yourself, indicate your relationship to the person you are signing for: \_\_\_\_\_

**FOR CLINIC USE ONLY**

Agent	COVID-19	Product Name	Lot #	Dose Amount:
Anatomical Site	<input type="checkbox"/> Left deltoid <input type="checkbox"/> Right deltoid	Route	Intramuscular (IM)	Dose #:
Date Given	_____ / _____ / _____ (mm/dd/yyyy)	Time Given	_____ : _____ am pm	AEFI? (after receiving current dose) <input type="checkbox"/> Yes <input type="checkbox"/> No
Given By (Name, Designation)			Location	
Authorized By				
Reason for Immunization	<input type="checkbox"/> Child/Youth 5+ <input type="checkbox"/> Age Priority Population – Age Eligible Population <input type="checkbox"/> Other reason: _____			
Reason Immunization Not Given	<input type="checkbox"/> Immunization is contraindicated <input type="checkbox"/> Practitioner recommends immunization but no PATIENT consent <input type="checkbox"/> Practitioner decision to temporarily defer immunization <input type="checkbox"/> Medically Ineligible <input type="checkbox"/> Patient withdrew consent for series			
Your next dose is scheduled for:	_____ / _____ / _____ (mm/dd/yyyy) _____ : _____ am pm			

# COVID-19 Vaccine Information Sheet: For Children

## (age 5-11)

This document provides basic information only and is not intended to provide or take the place of medical advice, diagnosis or treatment, or legal advice.

The pediatric Pfizer-BioNTech COVID-19 vaccine is the only COVID-19 vaccine authorized by Health Canada for children aged 5 to 11.

**Please read this information sheet carefully and make sure all your questions have been answered by a health care provider before your child gets the vaccine.**

### What is the COVID-19 Vaccine?

- The COVID-19 vaccine protects your child from getting sick from the virus that causes COVID-19. This is important because COVID-19 can cause severe sickness or death.
- The vaccine does not contain a live virus. Your child cannot get COVID-19 from the vaccine.
- The vaccine for children in this age group is a smaller dose (one-third) than the vaccine used for adolescents and adults.
- The vaccine is given as a needle in the upper arm muscle.
- It is important that your child receive all recommended doses of the vaccine to get long-term protection against COVID-19. Children 5 – 11 years old are recommended to receive two doses, 8 weeks apart for optimal, longest lasting protection. This interval may be associated with a lower risk of myocarditis and/or pericarditis.



### Before receiving the vaccine, tell the health care provider at the clinic who is providing the vaccine if your child:



- Is currently feeling sick or have signs and symptoms of COVID-19.
- Has any allergies or had an allergic reaction to a previous COVID-19 vaccine dose or another vaccine.
- Was diagnosed with myocarditis or pericarditis following a COVID-19 vaccine or has had myocarditis before.
- Is immunosuppressed due to disease or treatment
- Has ever fainted or became dizzy after getting a vaccine or a medical procedure or has a fear of needles.
- Has a bleeding disorder or are taking medication that could affect blood clotting.

## What are the normal side effects to expect after receiving the vaccine?

Some mild side effects may occur after getting the COVID-19 vaccine, such as pain and swelling where the vaccine was given, tiredness, muscle soreness, or headache. These side effects are normal signs that the body is building protection. Serious side effects after receiving the vaccine are rare.



## Vaccine Ingredients and Allergies

The vaccine contains lipids (fats), salts, sugars and buffers. It does not contain eggs, gelatin (pork), gluten, latex, preservatives, antibiotics, adjuvants, or aluminum. The vaccines are safe, even if you have food, drug, or environmental allergies. Talk to a health care provider first if your child is allergic to polyethylene glycol (PEG) and/or Tromethamine (tromethamol or Tris). Serious allergic reactions (anaphylaxis) to the vaccine are rare and can be treated. Get medical help if your child has trouble breathing or develops hives or swelling in their face and throat after being vaccinated.

## If my child is feeling unwell after the vaccine, when should I call a health care provider?

If your child has a high fever (over 40°C or 104°F) or side effects that are worrying you or do not seem to be going away after a few days, contact your child's health care provider or seek medical attention. Go to the nearest **emergency department or call 911** if they have serious drowsiness, seizures/convulsions, hives, swelling of the face, throat or mouth, trouble breathing or other serious symptoms.

**Please seek medical attention** if your child develops any of the following symptoms after receiving the vaccine: chest pain, shortness of breath and/or palpitations (pounding or racing heart) or feeling of a rapid or abnormal heart rhythm. These may be symptoms of myocarditis (inflammation of the heart muscle) or pericarditis (inflammation of the sac of the heart), which is a very rare and treatable side effect from the vaccine.

## If I have questions, who should I ask?



If you have any questions, please speak with a health care provider or the person providing the vaccine. You can also contact your [local public health unit](#) to ask questions or to report an adverse reaction.