Ministère de la Santé et des Services sociaux
Québec

Dear Parent/Guardian:

Pfizer's pediatric messenger RNA (mRNA) COVID-19 vaccine has been available for children age 5 to 11 since late November 2021. You have already received information about COVID-19 vaccination and given consent for your child. Your child may have contracted COVID-19 since last fall. Even if this is the case, they are still eligible for a 2nd dose.

Please read the following:

- Studies are ongoing into the efficacy of the Pfizer pediatric messenger RNA COVID-19 vaccine against the Omicron variant.
- If your child had COVID-19 at the time of their 1st dose of the vaccine or afterwards, a 2nd dose is recommended. The table below outlines recommendations that apply to your situation.

Situation	Recommendation	
Your child had a positive PCR test for COVID-19 (test performed in a screening clinic)	Your child should wait 3 months after the positive PCR test before receiving a COVID-19 vaccine since the disease will protect them during this time.	It is safe to receive a dose of vaccine even if the illness occurred less than 8 weeks ago.
Your child had a positive COVID-19 rapid test (done at home)	Have your child vaccinated on the scheduled date, even if they probably had COVID-19. You can't be certain without a PCR test. You can also choose to wait 3 months if you believe they have COVID-19 since it protects them for at least that long. However, if your child has a false positive rapid test result, they may not be protected against COVID-19 until they receive their 2nd dose.	
Your child had COVID-19 symptoms without being tested	Have your child vaccinated on the scheduled date. You can also choose to wait 3 months if you believe they had COVID-19 since it protects them for at least that long. However, if your child's symptoms were caused by another virus, they may not be protected against COVID-19 until they receive their 2nd dose.	

- If you child is now 12 years old, they will receive the Pfizer vaccine designed for people 12 years and older.
- If you have already provided consent for your child to be vaccinated, your signed form is still valid, and you don't need to return any paperwork to the school. You can change your decision at any time.

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- If you refused vaccination, you can provide consent so that your child can receive their 1st dose at school. In that case, read Vaccination against COVID-19 for children age 5 to 11 and complete the attached form. You will need to make an appointment at a vaccination centre for your child to receive their 2nd dose. Only one more COVID-19 vaccination session is scheduled at their school.
- To change your consent, contact the CISSS or CIUSSS in your area or complete and sign the form below and return it to your child's school by February 14th,2022. If you change your consent, you will need to make an appointment at a vaccination centre for your child to receive their 2nd dose. No more COVID-19 vaccination sessions are scheduled at your child's school.

For more information on the vaccination campaign for children age 5 to 11, go to https://www.quebec.ca/vaccination-children. For telephone support, please call 1-877-644-4545 (toll free).

VACCINE REFUSED

First and last name of the child:	
First and last name of parent or guardian:	
Your status:	☐Parent ☐ Guardian
Phone number where you can be reached:	

☐ I DO NOT WANT my child to be vaccinated at school against COVID-19.

Date (year-month-date)

Signature of the parent or guardian

ANNEX - Consent for vaccination against COVID-19 for users under the age of 14
(to be completed only if there has been a change in your child's health condition or if you wish to modify your consent)

Santé et Services sociaux Québec

DT9593

CONSENT FOR VACCINATION AGAINST COVID-19 FOR USERS UNDER THE AGE OF 14

User's last and first name

Mother's last and first name

Father's last and first name (optional)

Date of birth: Year Month Day Sex: ☐ M ☐ F

Health insurance number (if available) Expiry date: Year Month

Address (number, street)

City Postal code

GENERAL INFORMATION

Name of school:	Class:
Authorized person to consent to vaccination (last name, first name):	Status: ☐ Parental authority ☐ Guardian
Area code Home phone no.	Area code Other phone no. ☐ Cell ☐ Work
Email address:	

USERS UNDER AGE 14

(Written consent is not required for children age 14 and up, as they can provide their own consent for vaccination.)

PRE-IMMUNIZATION QUESTIONNAIRE

	QUESTIONS REGARDING YOUR CHILD'S HEALTH	YES	NO	N/A or IDK	DETAILS
1.	**Health problems** Do either of these situations apply to them: • They have had a positif test for COVID-19. • They have symptoms of COVID-19. • You have noticed a recent change in their condition (e.g., appearance of unusual symptoms). • They have a health condition that requires medical monitoring or regular medication. If either of these situations apply, please indicate details.	☐	☐	☐	
2.	**Immunosuppression** Do either of these situations apply to them: • They take immunosuppressant drugs. • They have a disease that weakens the immune system, like cancer. If either of these situations apply, please indicate the drug or disease.	☐	☐	☐	
3.	**Previous reactions** Have they ever had a significant reaction (other than a food, seasonal, or pet allergy) after receiving a vaccine or other product that required a visit at the hospital? If yes, please tell us what product caused this reaction.	☐	☐	☐	
4.	**Bleeding disorder** Do they have or have they had a blood clotting disorder (e.g., thrombosis, thrombocytopenia) requiring medical attention or are they taking an anticoagulant?	☐	☐	☐	
5.	**Immunization or blood products** Do either of these situations apply to them: • They have received a vaccine in the last 14 days. • They have been hospitalized for COVID-19 treatment in the last 90 days. If either of these situations apply, please indicate the treatment or vaccine.	☐	☐	☐	

Legend:
N/A : Not applicable
IDK: I don't know

User's last and first name	Record no.

PARENT/GUARDIAN CONSENT (DECISION)

As the parent or guardian of a child under the age of 14, you are in charge of vaccination decisions for this child.

Explanations to help you make an informed decision are provided in the leaflet attached to this form.

Your consent applies to 2 doses of COVID-19 messenger RNA vaccine (Pfizer).

If your child has already had positive test to COVID-19, the vaccinator will assess them and then administer the required number of doses; only one dose may be required.

Indicate whether or not your child may be vaccinated against COVID-19 with Pfizer RNA COVID-19 vaccine.

You may change your consent at any time.

☐ I CONSENT to have my child vaccinated against COVID-19.
☐ I DECLINE to have my child vaccinated against COVID-19.
☐ DOES NOT APPLY because my child has already been vaccinated against COVID-19.

Parent's or guardian's signature:		Date	Year	Month	Day