



Canadian Rockies School Division
618 – 7th Avenue
Canmore, AB T1W 2H5

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www.crps.ca

September 8, 2021

Dear Families of Canadian Rockies Public Schools,

Please find attached a parent letter and consent form from Alberta Health Services regarding the Alberta School Immunization Program. CRPS is presently working with local Alberta Health Services staff to deliver immunization to students born 2009 or earlier. We ask that interested families print off, complete and return the attached consent to your child's school no later than Friday, September 17th.

Immunizations will take place on the following dates and times at these locations...

| | |
|--------------------------------|--------------------------------------|
| Banff Community High School | Wednesday September 22nd (Morning) |
| Banff Elementary School | Wednesday September 22nd (Afternoon) |
| Canmore Collegiate High School | Tuesday September 28th (Morning) |
| Lawrence Grassi Middle School | Tuesday September 28th (Afternoon) |

If you require more information please contact your [Banff](#) or [Canmore](#) Alberta Health Offices.

Sincerely,

Christopher MacPhee, Superintendent of Schools
Canadian Rockies Public Schools

Cc Chris Rogers, Principal
Alpenglow School
Banff Community High School
Canmore Collegiate High School

Nadine Trottier, Principal
Banff Elementary School

Brian Wityshyn, Principal
Elizabeth Rummel School

Nadine Dack-Doi, Principal
Exshaw School

Natasha Miles, Principal
Lawrence Grassi Middle School

Dear Parent or Guardian,

Re: COVID-19 School Immunization Program

Alberta Health Services (AHS), Public Health School Immunization Program is offering a dose of the COVID-19 vaccine to eligible students in Grades 7 to 12, who are born in 2009 or earlier.

Your child can get a dose of the Pfizer-BioNTech mRNA COVID-19 vaccine in school if they:

- have never had a COVID-19 vaccine (this will be their first dose)
- had their first dose of a COVID-19 vaccine at least 3 weeks ago (this will be their second dose)

Your child's school will let you know when the COVID-19 vaccine will be offered at their school.

This package includes a consent form and information for the COVID-19 vaccine.

To have your child immunized at school:

- read this information package
- print the consent form and sign it

The consent form must be completed by a parent or guardian. Your child will not be immunized at school without your consent (permission).

On the consent form:

- Complete your child's personal information.
- Complete your child's health information.
- Sign and date the consent form. Return the form to the school no later than 1 week after school starts.

Call your school's public health nurse if your child:

- has had a severe side effect to an immunization in the past
- has any changes to their health before getting the COVID-19 vaccine
- gets another vaccine in the 14 days before immunizations will be provided at your school

If you agree to the immunization, your consent means that your child will get **a dose** of the COVID-19 vaccine. If the consent form is not returned, your child will not be immunized at their school.

Care after immunization information will be given to your child after they are immunized. Please review this information with your child.

Only one dose of vaccine will be given in school. If your child needs another dose, COVID-19 immunizations can be booked online at ahs.ca/vaccine or by contacting Health Link at 811.

If you **do not** wish to have your child immunized:

- **do not** sign the consent form
- **do not** return the consent form

If you agree to the immunization but later change your mind, please call your school's public health nurse to let them know.

If you have any questions or need more information, call your [local public health office](#) or 811.

Sincerely,

Alberta Health Services, Public Health

August 16, 2021

To have your child immunized at school for COVID-19, please **read the attached COVID-19 vaccine information sheet, complete this form, and return it** to your child's school. NOTE: this form must be completed by a parent or guardian.

| Child's personal information | | |
|--|------------------------------------|---|
| Child's Name <i>(Last, First, Middle)</i> | Date of Birth <i>(dd-Mon-yyyy)</i> | |
| Personal Health Number (PHN) | Gender | |
| School | Grade | Client/Unit ID # <i>(For Office Use Only)</i> |
| Child's health information <i>(If you need more space, use the other side of this form.)</i> | | |
| Does your child have any allergies, including allergies to any vaccine, medicine, or food? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____ | | |
| Has your child had a COVID-19 vaccine before? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, when _____ | | |
| Has your child ever had a side effect from COVID-19 immunization? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, describe _____ | | |
| Consent | | |
| <p>I confirm that I have read the attached COVID-19 vaccine information. I know about and understand the risks, benefits, and common side effects of this vaccine. Any questions I may have had about my child getting this vaccine have been answered by calling the local public health office or Health Link at 811. I understand the information I have been given.</p> <p>I understand this consent is for a dose of the COVID-19 vaccine. I will contact the local public health office or the nurse for the school if my child:</p> <ul style="list-style-type: none"> • has any changes to their health before getting the COVID-19 vaccine • gets another vaccine in the 14 days before they get the COVID-19 vaccine • has a severe or unusual side effect after the first dose of the COVID-19 vaccine (other than the expected side effects listed on the COVID-19 vaccine information sheet) <p>I consent to my child getting the Pfizer-BioNTech mRNA COVID-19 vaccine.</p> <p>I understand that I may withdraw this consent at any time by calling the local public health office or the nurse for the school.</p> <p>I confirm that I have the legal authority to consent to this immunization.</p> | | |
| Printed name of person giving consent | Daytime phone | Other phone |
| Relationship to person <input type="checkbox"/> Parent (with legal authority to consent) <input type="checkbox"/> Guardian <input type="checkbox"/> Other _____ | | |
| Signature of person giving consent | | Date (dd-Mon-yyyy) |

Alberta Health Services collects health information according to Section 20 of the Health Information Act (HIA). This information is used to provide health services, determine eligibility for health services, or to carry out any other purpose authorized by the HIA. If you have any questions about this, please ask the healthcare provider giving the immunization or contact your local public health office. If you do not know your local public health office, call Health Link at 811 to get this information.

