

**Consent for Pandemic (H1N1) 2009 Influenza Immunization-
to ONLY be used when the Parent/Guardian/Agent/Specific
Decision Maker CANNOT be present**

This form is to be used ONLY in instances where a Parent/Guardian/Agent/Specific Decision Maker (the decision-maker) is **unable** to accompany their child/dependent, in person, to the Pandemic H1N1 2009 Influenza immunization clinic. Instead, the decision-maker may **complete this form in advance and send it with the client** and their escort (if applicable) to the immunization clinic.

Child/Dependent Last Name	First Name
Date of Birth (yyyy-Mon-dd) <i>Please send proof of age</i>	Personal Health Number
Name of Parent/Guardian/Agent/Specific Decision Maker	

In order to proceed with immunization for the above named child/dependent, please answer the following questions. If you require additional space, please use the reverse side.

	No	Yes	If yes, provide details
Does he/she have any known allergies?			
Does he/she have any history of chronic illness?			
Is he/she on any medications?			
Has he/she had a previous reaction to influenza immunization?			

Declaration of Consent I, on behalf of the above, and by the authority described below, have read the attached information and understand the risks, benefits and potential side effects of the Pandemic (H1N1) 2009 influenza immunization. I also understand the risks associated with influenza itself and the risks and benefits associated with declining immunization. I have had the opportunity to have my questions answered by calling HEALTHLink Alberta or reviewing information on the Alberta Health Services' website.

The source of my authority for providing this consent is:

- Parent or legal Guardian (if Client is under 18)
- Guardian pursuant to the *Adult Guardianship and Trusteeship Act* (if Client is 18 and over)-**attach a copy**
- Agent designated in a Personal Directive **-attach a copy**
- Specific Decision Maker **-attach copies** of Form 7 *Assessment of Capacity*, Form 8 *Declaration of Specific Decision Maker* and complete Form 9 *Health Care Provider's Record of Specific Decision Making*

I hereby give my consent to Alberta Health Services to provide the above named child/dependent the Pandemic (H1N1) 2009 influenza immunization.

Name of Consenter (print)	Signature	Date
Name of Witness* (print)	Signature	Date

* **Witness must be 18 years of age or older**

Attach to the **white copy** of the **Pandemic (H1N1) 2009 Immunization Record #09548** following immunization.