

## **COVID-19 VACCINE**

# Available for students 12-17 years of age Thursday June 17th & Friday June 18th At Irene's Office

## Parental consent will be required.

Parents can attend in person with their child, or they can send in the signed consent form.

If you don't have parental consent and are 12-17 years old, you can get the vaccine done at the Health Centre.

Pick up your package today from Irene, Mike or the Office.



# CONSENT FOR COVID-19 IMMUNIZATION

Last Name Fi			irst Name		School (if applicable)			Div / Tea	Div / Teacher (if applicable)		
Gender (specify)	Birthdate (YYYY / MM / DD) Po		ersonal Health Number (PHN)		Name	me of Parent / Guardian / Representa		ntative	Relationsh	Relationship to Child	
Home Phone Cell Phone					Has your child ever had a serious or life-threatening allergic reaction?  No Yes (to what?)						
Alternate Phone(s)				ALERT	ls your	Is your child's immune system affected by a severe disease or medication  No Yes					
I understand the benefits and po	RDIAN / REPRESENTATIVE information in the Heal ssible reactions for the vertice are the vertice and the opportunity ancel it.	thLinkBC File ( accine and the	https://www.healthlin risk of not getting imr	kbc.ca/he munized. I	althlinkb underst	oc-files/covid-19- and that in the ra	re occurrenc	e of anaphyl	laxis, emerge	ency treatmer	nt will
PARENT / GUARDIAN / REPRESENTATIVE USE ONLY					PUBLIC HEALTH USE ONLY – CHILD'S IMMUNIZATION RECOR						D
COVID-19 Va	ccine										
If your child has received one or more doses of COVID please give brand name and date(s):			-19 vaccine,			Date YYYY/MM/DD	Site	Lot #	F	Health Care Pr Signatur	
				1	ST Dose		Ola Ora				
Vaccine Dose #1 Brand Name YYYY / MM		/DD	2	ND Dose		Ola Ora					
Vaccine Dose #	/accine Dose #2 Brand Name YYYY / MM / DD			H	Health Ca	are Provider Note	es.				
I want my child immunized: Yes No											
Signature			Date (YYYY / MM / I	DD)							
	L <b>TH USE ONLY – TELE</b> Isent Obtained From	PHONE CON	ISENT For: COVID-19 Vaccin	ne F	Phone No	umber Called		C	Date (YYYY / I	MM / DD)	
Deletienshin	Child		Yes	No H	laakt C	ana Duandalan Ci		_			
Relationship to Child			O les	INO	realth Ca	are Provider Sign	ature	Т	ïme	○AM	ОРМ

Personal information collected on this form will be used by the health authority to update the child's immunization record. The information will be used and disclosed in accordance with the Freedom of Information and Protection of Privacy Act. Summary statistical information may be reported to the Ministry of Health. If you have any questions about the collection and use of this personal information, contact your local public health nurse.

# C\*VID-19 Vaccination Aftercare





## What to expect over the next few days:

#### Possible side effects

Side effects are common a day or two after getting the COVID-19 vaccine. These can include:



Pain, redness, itchiness or swelling right away and/or 7 days after



Swollen lymph nodes under armpit



Tiredness or headache



Fever and chills



Muscle or joint soreness



Nausea and vomiting

#### TIPS FOR SIDE EFFECTS

**Painful areas:** apply a cool damp cloth or a wrapped ice pack.

**Discomfort from side effects:** take medication
such as acetaminophen
(Tylenol®) or ibuprofen
(Advil®). ASA (e.g.,
Aspirin®) should not
be given to anyone
under 18 years of age.

Most side effects are not serious and should go away on their own.

## Symptoms to look out for

- Some of the side effects of the vaccine are similar to symptoms of COVID-19. The vaccine will NOT cause or give you COVID-19.
- Symptoms such as a sore throat, runny nose, cough or other problems breathing are NOT side effects of the vaccine.
- If you experience ANY symptoms of COVID-19, use the BC COVID-19 Self-Assessment tool at bc.thrive.health/covid19/en

- If you are worried, contact your health care provider or call 8-1-1.
- Serious side effects after receiving the vaccine are rare. If you develop any serious side effects or a severe allergic reaction (including hives, swelling of your face, tongue or throat, or difficulty breathing), seek medical attention or call **9-1-1** right away. Tell them you've received a COVID-19 vaccine.

# C**\***VID-19 Vaccination Aftercare





### Returning for the second dose of vaccine

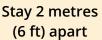
- The person giving you the vaccine will let you know when you can return for your second dose. It is important to get both doses of the vaccine to protect you against COVID-19.
- Bring your immunization record with you for the second dose. A record of your COVID-19 immunization will also be available online through Health Gateway. Register at www.healthgateway.gov.bc.ca

### Things to remember

- If you need to get another vaccine before you get your second COVID-19 vaccine dose, talk to your healthcare provider first.
- It will take 2-3 weeks after getting the first dose to build immunity to the virus. If you are exposed to someone with COVID-19 before or during this time, you can still get COVID-19.
- You might be contacted to participate in safety monitoring for COVID-19 vaccines.
   For more information, go to canvas-covid.ca

Continue to follow public health guidelines after you are vaccinated







Clean your hands often



Wear a face mask

## Rare events after getting the AstraZeneca/COVISHIELD vaccine

Rare cases of serious blood clots and/or bleeding have been reported after receiving the vaccine (about 1 to 10 cases in 1,000,000 vaccinated people).

Monitor for any of the following symptoms between 4 to 20 days after receiving your vaccine:

- Severe headache that does not go away
- Seizure
- Difficulty moving part of your body
- Blurry vision that does not go away
- Difficulty speaking
- · Shortness of breath
- Chest pain
- Severe abdominal pain
- New severe swelling, pain, or colour change of an arm or a leg
- Abnormal bruising, reddish or purple spots or blood blisters under the skin

If you experience any of these symptoms:

- 1 Seek medical attention right away
- 2 Bring your COVID-19 immunization record