



West St. Paul School

3740 Main St. West St. Paul, Manitoba R4A 1A4

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Website: www.7oaks.org/school/weststpaul

Principal – David Ingram

Vice Principal – Jenny Macdonald

Monday, December 6, 2021

Dear Parents,

The icy and cold weather is back with us. Our classes continue to explore the outdoors during classes and outdoor break times. Please be sure your children are dressed for outdoor weather because we head outdoors each day for extended periods of time.

On November 26th, our students had the opportunity to demonstrate their learning in music, band and dance at the Seven Oaks Performing Arts Centre (SOPAC) located at Garden City Collegiate. We were very pleased that a small audience was able to attend the performances in person at an outstanding theatre. The staff at SOPAC will be putting the recording together for us to share with all our families in mid-December.

As we have done for many years, West St. Paul School will be collecting food hamper items that we will donate to families in need in our community. If you would like to support this food drive, you are invited to send a non-perishable item to school with your child. Items will be collected until Tuesday, December 14th. Examples of hamper items are included at the end of this note. We will create hampers to be distributed the end of next week. For parents who wish to drop food items off at the school, a bin will be placed just inside the front doors of the school.

We are very excited that parents of our age 5-11 students have been taking their children to get vaccinated. Our school is working with the Winnipeg Regional Health Authority to host a Covid-19 vaccine clinic for all children aged 5-11 on December 14th. Vaccination information with a link to the consent form was emailed to all parents on Friday. If you need a paper copy of the vaccine consent form, please phone the office and we will send one with your child. The consent forms are due back to the office before noon on Wednesday, December 8. We know that vaccination is one of the most effective ways to protect our families and communities from Covid-19.

David Ingram Jenny Macdonald
Administrators

Examples of non-perishable hamper items include:

Cereal, oatmeal, juices, dry pasta, pasta sauce, macaroni & cheese, soup, crackers, jam, baked beans, canned vegetables, cans of fruit, cookies, granola bars, hot chocolate, stuffing mix, package of gravy, chocolates or other Christmas treats, Pepperoni sticks (non-refrigerated), cheese whiz

Important Information

COVID-19 Vaccine: Immunization Clinics for 5 to 11 Year Olds

Please return completed
consents to your school
by December 8, 2021



Dear Parents and Guardians,

Health Canada has approved the Pfizer/Comirnaty™ COVID-19 vaccine for children aged 5 to 11 years, providing a safe and effective way for families to protect their children against COVID-19.

Vaccination is one of the most effective ways to protect our families, communities and ourselves against COVID-19, by reducing the spread of the virus and protecting ourselves from getting sick with COVID-19.

Although less likely than adults, children can get sick from COVID-19. Since the start of the pandemic, there have been 27 children hospitalized from COVID-19 infection or multisystem inflammatory syndrome-children (MIS-C), with seven admitted to the intensive care unit (ICU). While most children will experience mild symptoms or no symptoms, they can still spread the virus to others in their family, at school and in the community. Reducing the spread of the virus is in all of our best interests, so that we can feel safer and get back to freely enjoying our regular lifestyles.

To make it easier for your child to get the first dose of the COVID-19 vaccine, public health teams will begin offering the vaccine to children in schools across the province starting in early December. To be eligible, children must be at least five years old at the time of vaccination.

Please review information about the risks and benefits of vaccination as well as details about what makes the COVID-19 vaccine for children different from the vaccine for teens and adults at manitoba.ca/covid19/vaccine/resources.html. You can also find information and resources at protectmb.ca/youth-covid-19-vaccines/ on how to prepare your child for immunization, including techniques to reduce feelings of anxiety, pain and fear of getting needles.

If you would like to be with your child when they get their vaccine, after-hours clinics will also be available at some schools, which will also be open to members of the community. You will get more information before the clinic date, letting you know when the COVID-19 vaccine will be available in your child's school.

If you would like your child to receive the COVID-19 mRNA vaccine at school, you must complete a consent form. If your child will receive the vaccine at school during school hours, you can complete an eConsent (electronic consent) form; this will be available at <https://immunizationconsent.manitoba.ca/> beginning December 2, 2021. The eConsent form is the preferred consent form for children who will receive their vaccine at school during school hours, but the printable or online consent form (available at protectmb.ca/youth-covid-19-vaccines/) will also be accepted. If your child will receive the COVID-19 mRNA vaccine at school outside of school hours, or at another venue, please use the printable or online consent form.

For households that can not access or print an online consent form, you can get a paper consent form and fact sheet from your child's school. After you complete the consent form, please have your child return this form to their teacher.

The COVID-19 vaccine for children will also be available at participating doctor's offices, pharmacies, urban indigenous clinics and vaccine clinics (also known as a supersite or pop-up clinic). Visit the COVID-19 & Influenza (Flu) Vaccine Finder (manitoba.ca/covid19/vaccine/finder.html) to search for locations that offer the COVID-19 vaccine near you.

Thank you for making time to learn and talk about vaccination with your family members. I encourage you to reach out to your family's health care providers or Health Links/Info-Santé with any questions you may have and to visit protectmb.ca for ongoing updates.

Sincerely,

"Original signed by"

Richard Baydack, PhD
Director
Communicable Disease Control

"Original signed by"

Joss Reimer, MD FRCPC
Medical Lead
Vaccine Implementation Task Force

COVID-19 Vaccine Consent Form



Sections A, B, C, D and E completed by:

Client Parent Legal decision maker Other _____ (on behalf of client)

A. Client Information - please print

Surname _____ Given Names _____
Address of residence _____ City/Town _____ Postal Code _____
Phone Number _____ Email _____
Sex Male / Female / X Date of Birth (yyyy/mm/dd) _____ / _____ / _____
Manitoba Health Number (6 digits) _____ Personal Health Information Number (9 digits) _____
Name of school _____ City/Town _____ Grade _____

B. Health History of Client

1. Do you have a fever or other symptoms that could be due to COVID-19? Yes No
If yes, describe _____
2. Do you have any known or suspected allergies (examples: food, medications, environmental)? Yes No
If yes, describe _____
3. Do you have a known or suspected allergy to polyethylene glycol (PEG), polysorbate 80 or tromethamine? Yes No
4. Have you ever had a serious reaction or condition following any vaccine? Yes No
If yes, describe _____
5. Do you have any medical conditions that require regular visits to a doctor? Yes No
If yes, please discuss with immunizer _____
6. Have you received a vaccine in the last 14 days? Yes No
7. Are you taking any medication that affects blood clotting? Yes No
If yes, please list _____
8. Are you pregnant, planning to become pregnant or breastfeeding? Yes No
9. Is your immune system suppressed due to disease (e.g., leukemia) or treatment (e.g., high-dose steroids)? Yes No
10. Do you have an autoimmune condition (e.g., Rheumatoid Arthritis, Multiple Sclerosis)? Yes No
11. Do you have a history of venous sinus thrombosis in the brain or a history of heparin-induced thrombocytopenia (HIT)? Yes No
12. Have you received any doses of a COVID-19 vaccine? 0 Doses Dose 1 Dose 2

C. Racial, Ethnic or Indigenous Identity

Public health has been collecting information about the racial, ethnic, Indigenous identity of individuals who are diagnosed with COVID-19 since May 2020. The following questions will help assess vaccine coverage and determine the need for increased vaccine accessibility in different communities. We recognize that this list of racial or ethnic identifiers may not exactly match how you would describe yourself. Keeping that in mind, which of the following best describes the racial or ethnic community that you belong to?

African Black Chinese Filipino Latin American North American Indigenous – that is, First Nations, Metis or Inuit
 South Asian Southeast Asian White Other _____ Prefer not to answer

If you identified as North American Indigenous, do you identify as: First Nations Metis Inuit Not Applicable

D. Informed consent – Consult immunizer if no signature can be obtained

I have read and understood the fact sheet(s) regarding the risks and benefits of the vaccine that I am consenting be administered to the above named person as per section A. My consent applies to all doses of the vaccine necessary to complete the series up to one year. I have had the opportunity to ask questions about the vaccine(s) which were answered to my satisfaction.

Complete **ONLY ONE** of the following two options:

1. Consent by legal decision maker

I consent to the above named person receiving the COVID-19 vaccine.

Name _____

Relationship _____

Phone number _____

Date (yyyy/mm/dd) _____

Signature _____

2. Consent by client

I consent to receiving the COVID-19 vaccine.

Date (yyyy/mm/dd) _____

Signature _____

E. Consent for use and disclosure of contact information

I understand and authorize the Department of Health and Seniors Care's use and disclosure of the contact information provided by me on this form to a third party organization for the sole purpose of contacting me to schedule my appointment for the second dose of the vaccine.

Date _____

Signature _____

