



# Vaccination against COVID-19 for children age 12 to 17

## → COVID-19

### What is COVID-19?

COVID-19 is an infection caused by a virus in the coronavirus family. There are several types of coronavirus. Most cause mild symptoms, but others can cause more severe symptoms, like COVID-19, which is caused by the coronavirus known as SARS-CoV-2.

### What are the SYMPTOMS of COVID-19?

In children, the main symptoms can be similar to those of the common cold. Most common symptoms are fever, cough, nausea and vomiting, stomachache, and diarrhea. Other symptoms can also appear like sore throat, headache, muscle aches, severe fatigue, severe loss of appetite, sudden loss of smell without nasal congestion, and difficulty breathing.

### How is COVID-19 SPREAD?

COVID-19 is spread from person to person through contact with droplets released into the air when an infected person talks, coughs, or sneezes. An asymptomatic person can spread COVID-19 without realizing it. It can also be spread via contaminated surfaces and objects, although that's not the main mode of transmission.

If your child is under 14 years of age, it is very important that you complete the consent form on the last page of this leaflet and return it to the school as soon as possible, whether you choose to have your child vaccinated or not.

If your child is age 14 or older, they can provide their own consent for vaccination.

- > Pfizer's messenger RNA (mRNA) COVID-19 vaccine is recommended for children age 12 and over.
- > The primary goal of the vaccine is to protect against COVID-19 and related complications.
- > Your child should wear a short-sleeved shirt on vaccination day.

### What are the POSSIBLE COMPLICATIONS of COVID-19?

Possible complications of COVID-19 include:

- Pneumonia and other respiratory issues
- Heart problems
- Neurological problems
- Death

In addition to these complications, some people also experience COVID-19 symptoms such as loss of smell or fatigue lasting several months.

### What's the best way to PROTECT against COVID-19?

Vaccination is the best protection against COVID-19, especially when combined with other measures such as social distancing, wearing a mask or face covering, and hand washing.

# → Vaccination

## WHY vaccinate 12- to 17-year-olds?

The aim of vaccinating children age 12 to 17 is to protect them against COVID-19 and its complications.

Vaccination curbs the spread of the virus so they can keep going to school, sports, and social activities and things can get back to normal as soon as possible.

## Which VACCINE will be used?

Only the Pfizer vaccine has been approved by Health Canada for use in children age 12 to 17. Pfizer's mRNA COVID-19 vaccine will be used.

## Is the Pfizer mRNA COVID-19 vaccine EFFECTIVE?

Yes. The vaccine is estimated to be 100% effective in preventing COVID-19 in children after two doses.

## Is the Pfizer mRNA COVID-19 vaccine SAFE?

Yes. The Pfizer vaccine is approved by Health Canada. It was put through all the steps of the vaccine approval process. High quality studies were also performed on a large sample of people. Experts are closely monitoring any adverse reactions that could occur following vaccination and are taking steps to ensure that the vaccine is used safely.

## HOW MANY doses are required?

Two doses of Pfizer's mRNA COVID-19 vaccine are required, given via intramuscular injection.

Children who have already had COVID-19 may only need one dose of the vaccine. However, for those who are immunocompromised, two doses are required even if they have already had COVID-19. The vaccinator will determine how many doses are required for each children.

## How long does PROTECTION against COVID-19 last after vaccination?

Studies to better determine how long protection lasts are still ongoing. Protection last at least six months.

## Can the vaccine CAUSE COVID-19?

The vaccine can't cause COVID-19 because it doesn't contain the virus that causes the disease. However, if someone comes into contact with the virus in the days preceding or following their vaccination, they could still develop COVID-19.

It's important to continue to follow health guidelines until most of the population has been vaccinated.



## What are the POSSIBLE REACTIONS to the vaccine?

### The majority of children will experience:

- pain at the injection site (90%),
- headache (76%),
- fatigue (78%).

### Many children may also feel:

- chills (49%),
- fever (24%),
- muscle aches (42%),
- joint pain (20%).



Most of these reactions last one to two days. They are more common after the second dose.

Often, redness or swelling at the injection site is observed (9%).

Rarely, nausea or swelling of the armpit lymph nodes may occur (less than 1%).

In a minority of young people, reactions to the vaccine may prevent them from carrying out daily activities for one or two days, most commonly after the second dose.

About 1 in 50,000 people may have a severe allergic reaction after receiving the mRNA COVID-19 vaccine.

The frequency of this reaction is higher than what is usually expected after a vaccine, but still very rare. This type of allergic

reaction usually occurs within minutes. Staff onsite are trained on how to stop it right away.

## What should I do IF THEY HAVE A REACTION to the vaccine?

Apply a cold wet compress to the injection site to reduce pain, swelling, redness, or itching. To reduce fever or discomfort, administer acetaminophen (like Tylenol) or ibuprofen (like Advil).

**For more severe symptoms, call Info-Santé 811 or consult a physician.**

You may receive an email from [enquete-vaccinocovid@canvas-covid.ca](mailto:enquete-vaccinocovid@canvas-covid.ca) or [infovaccination-fmss@canvas-covid.ca](mailto:infovaccination-fmss@canvas-covid.ca) asking you to participate in a survey for active monitoring of adverse events following COVID-19 vaccination. Please visit [Quebec.ca](http://Quebec.ca) for more information. No personal information will be requested in the survey. Individuals who disclose an adverse event will be contacted again. At that point, personal information may be requested, such as the date of birth or the health insurance number of the person vaccinated.

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**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
			<input type="checkbox"/> M <input type="checkbox"/> F
Health insurance number (if available)	Year	Month	Expiry date
Address (number, street)			
City		Postal code	

GENERAL INFORMATION			
Name of school:		Class:	
Authorized person to consent to vaccination (last name, first name):		Status: <input type="checkbox"/> Parental authority <input type="checkbox"/> Guardian	
Area code	Home phone no.	Area code	Other phone no. <input type="checkbox"/> Cell <input type="checkbox"/> 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.	<b>Health problems</b> 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). If either of these situations apply, please indicate details.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2.	<b>Immunosuppression</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<b>Allergic reactions</b> Have they ever had an allergic reaction (other than a food, seasonal, or pet allergy) after receiving a vaccine or other product? If yes, please tell us what product caused the allergic reaction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4.	<b>Bleeding disorder</b> Do they have or have they had a blood clotting disorder (e.g., thrombosis, thrombocytopenia) requiring medical attention or are they taking an anticoagulant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<b>Immunization or blood products</b> 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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**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