

AUTORISATION PARENTALE COMPLÉMENTAIRE POUR LES AUTRES VACCINATIONS QUE LA VACCINATION CONTRE LES PAPILLOMAVIRUS HUMAINS

ADDITIONAL PARENTAL AUTHORISATION FOR VACCINATIONS OTHER THAN THOSE AGAINST HUMAN PAPILLOMAVIRUS

(Information sur les vaccins et sur la séance de vaccination au verso de cette page)
(Information on the vaccines and the vaccination session on the back of this page)

Nom / Surname: _____

Prénom / First name: _____

Date de naissance de l'enfant / Child's date of birth: ____ / ____ / ____

Sexe / Sex : F / G G / B

Nom du collège / Name of the middle school: _____

Commune du collège / Municipality of the middle school: _____

	Parent / Responsable légal 1 Parent / Legal guardian 1	Parent / Responsable légal 2 Parent / Legal guardian 2
Nom – Prénom / Surname – First name		
Téléphone portable / Mobile phone		
Numéro de sécurité sociale ¹ Social security number ¹	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Régime de sécurité sociale Social security scheme	<input type="checkbox"/> CPAM <input type="checkbox"/> MSA <input type="checkbox"/> MGEN <input type="checkbox"/> Autre / Other : _____	<input type="checkbox"/> CPAM <input type="checkbox"/> MSA <input type="checkbox"/> MGEN <input type="checkbox"/> Autre / Other : _____

Ces informations figurent sur l'attestation de droits de l'enfant ou du/des parent(s) auquel(s) il est rattaché. Celle-ci est disponible sur le compte Ameli : <https://www.ameli.fr/assure/attestation-droits>. Vous pouvez, si vous le souhaitez, joindre cette attestation au formulaire d'autorisation parentale afin de faciliter les démarches.

This information appears on the child's social security certificate or that of the parent(s) to whom the child is attached. It is available on the Amelie account: <https://www.ameli.fr/assure/attestation-droits>. If you wish, you can attach this certificate to the parental authorisation form to make the process easier.

Je soussigné(e), / I, the undersigned, _____

Autorise le centre de vaccination à vacciner, si nécessaire, l'enfant ci-dessus désigné pour la ou les vaccinations recommandées listées ci-dessous (merci de cocher oui ou non pour toutes les vaccinations listées ci-dessous) / Authorise the vaccination centre to vaccinate, if necessary, the child named above for the recommended vaccination(s) listed below (please tick yes or no for all vaccinations listed below):

Vaccin contre la Diphtérie, le Tétanos, la Polio, et la Coqueluche Oui / Yes Non / No

Vaccine against Diphtheria, Tetanus, Polio, and Pertussis (Whooping Cough) Oui / Yes Non / No

Vaccin contre la Rougeole, les Oreillons, la Rubéole Oui / Yes Non / No

Vaccine against Measles, Mumps, and Rubella Oui / Yes Non / No

Vaccin contre l'Hépatite B Oui / Yes Non / No

Vaccine against Hepatitis B Oui / Yes Non / No

Vaccin contre la Méningite à méningocoque ACWY Oui / Yes Non / No

Vaccine against Meningococcal Meningitis ACWY Oui / Yes Non / No

À noter que plusieurs vaccins peuvent être administrés aux enfants au cours d'une même séance.
It should be noted that multiple vaccines can be administered to children during a single session.

L'enfant devra impérativement être muni de son carnet de santé ou de vaccination le jour de la séance de vaccination.
The child must bring their health or vaccination record with them on the day of the vaccination session.

N'autorise pas le centre de vaccination à vacciner si nécessaire l'enfant ci-dessus désigné pour le ou les vaccinations recommandées pour mon enfant. / Do not authorise the vaccination centre to vaccinate the child named above, if necessary, with the vaccination(s) recommended for my child.

Date / Date: ____ / ____ / 20__

En cas de signature électronique, le parent/responsable légal signataire, déclare sur l'honneur que l'autre parent/responsable légal a donné son autorisation. En cas de signature sur papier, les deux parents /responsables légaux doivent signer.
In the case of an electronic signature, the signatory parent/legal guardian declares on their honour that the other parent/legal guardian has given their consent. If signing on paper, both parents/legal guardians must sign.

Signature Parent/Responsable légal 1 :
Signature of Parent/Legal guardian 1:

Signature Parent/Responsable légal 2 :
Signature of Parent/Legal guardian 2:

À compléter en cas de signature d'un seul responsable légal² / To be completed if signed by a sole legal guardian²:

Je déclare être le seul responsable légal de l'enfant ci-dessus désigné. / I declare that I am the sole legal guardian of the child named above.

Je déclare sur l'honneur que le second responsable légal de l'enfant : Monsieur, Madame _____, est matériellement empêché de signer le présent formulaire mais a donné son autorisation pour les vaccins cochés ci-dessus. / I declare on my honour that the child's second legal guardian: Mr, Ms _____, is physically unable to sign this form but has given his or her authorisation for the vaccinations ticked above.

Date / Date: ____ / ____ / 20__

Signature du seul Parent/Responsable légal 1 / Signature of sole Parent/Legal guardian 1:

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¹ Le cas échéant, indiquer le numéro Aide médicale de l'Etat (numéro de sécurité sociale temporaire).
If applicable, indicate the AME state aid number (temporary social security number).

² La vaccination des mineurs nécessite l'autorisation des deux titulaires de l'autorité parentale. Ainsi, en cas de signature d'un seul parent pour cause d'impossibilité matérielle de signer pour l'autre parent, le signataire s'engage sur l'honneur à ce que la personne co-titulaire de l'autorité parentale ait donné son autorisation. Toute déclaration ou information qui s'avérerait inexacte ou falsifiée, engage sa seule responsabilité et pourra être punie d'un an d'emprisonnement et de 15 000 euros d'amende (article 441-7 du code pénal).
The vaccination of minors requires the authorisation of both holders of parental authority. Thus, if only one parent signs because it is physically impossible for the other parent to sign, the signatory undertakes on his or her honour to ensure that the person with joint parental authority has given his or her consent. Any declaration or information found to be inaccurate or falsified is the sole responsibility of the signatory and may be punishable by one year of imprisonment and a fine of 15,000 euros (Article 441-7 of the Penal Code).

INFORMATIONS SUR LES VACCINS INFORMATION ON THE VACCINES

The vaccines with which your child will be vaccinated are safe, effective, and recommended by health authorities worldwide. Vaccines can cause some side effects, which are mostly mild for the vast majority.

You can find more information about the vaccine on the ANSM website (French National Agency for the Safety of Medicines and Health Products): www.ansm.santé.fr or by scanning the QR code below



HOW THE VACCINATION SESSION TAKES PLACE

Before the vaccination session, the medical team will talk to your child and check his or her health record. Your child will then receive an injection of any vaccines they are not up to date with, in a confidential setting. After the injection, although cases of fainting are uncommon, your child will remain under observation, under the supervision of the medical team, for 15 minutes following the injection of the vaccine(s).

NOTICE ON DATA PROCESSING AND PROTECTION

This vaccination campaign involves the processing of personal data.

In particular, the vaccination authorisation forms will be used by the vaccination organisations and centres mobilised by the Regional Health Agency (ARS) as part of the national vaccination campaign against human papillomavirus infections and for catching up on other vaccinations if needed. This processing shall be carried out under the joint responsibility of the relevant Regional Health Agency and the vaccination centre or prevention organisation appointed by the Regional Health Agency to carry out your child's vaccination.

Your child's school is only responsible for collecting this completed authorisation form on behalf of these data controllers and then transmitting it to the vaccination centre or organisation. This form shall be sent in a sealed envelope, and the schools are therefore not aware of the information it contains.

The only recipients of the data collected are authorised personnel at the healthcare organisations appointed by the Regional Health Agencies in their given regions. The data may be kept by these bodies for the purposes of any liability investigations.

You can exercise your right to access, rectify, restrict and oppose processing of your data pursuant to Articles 15, 16, 18, and 21 of the GDPR, by contacting the head of the institution. The head of the institution shall forward such requests to the competent vaccination centre or organisation in the region without delay and by any means.

Similarly, you may exercise your rights pursuant to Article 85 of Act no. 78-17 dated 6 January 1978 on data protection.

In addition, these forms shall be used, after the vaccination has been carried out at the institution, by the same vaccination centres and organisations: to send the details to the national health insurance body required to cover the cost of these vaccines; and, to send aggregated and non-nominative data to the French National Public Health Agency as part of its health monitoring and epidemiological surveillance missions.

Further information on this processing is available on the Ministry of Health and ARS websites.