New Brighton Remedy'sRx Pharmacy
Unit 105, 151 Copperpond Blvd. SE, Calgary, AB T2Z 0Z7
Phone (403) 453-3363 ● Fax (403) 453-3364
newbrighton@remedysrx.ca

CONSENT FOR ADMINISTRATION OF INJECTION

Patient Information		
Name:		Date:
AHC:		DOB:
Emergency Contact: Name _____ & Phone No. _____		Gender: ◯ Male ◯ Female
Questions	**Yes or No**	**If Yes, describe**
Are you sick today?	◯ Yes ◯ No	
Do you have any allergies?	◯ Yes ◯ No	
Have you received any vaccination in the last 6 weeks?	◯ Yes ◯ No	
Have you ever had a serious reaction to a vaccine?	◯ Yes ◯ No	
Do you have any condition that affects your immune system, such as cancer, aids, etc.?	◯ Yes ◯ No	
If female, are you pregnant?	◯ Yes ◯ No	

I understand that on the date indicated above, the pharmacist will be administering the vaccines named and at the dose indicated below.

Vaccine Name & Strength: _____ Dose Number: _____
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I understand that the pharmacist has been trained and is registered to administer injections by the Alberta College of Pharmacists. I understand the pharmacist is aware of and agrees to comply with all professional standards surrounding administering of injections as well as general pharmacy practice. The pharmacist maintains current certification in cardiopulmonary resuscitation (CPR) and basic first aid.

I understand and agree to remain at this location for 15-30 minutes after the injection as directed by the pharmacist.

The pharmacist has provided me with information pertaining to the drug being administered as well as the injection procedure so that I understand the expected outcome as well as possible side effects. I understand that like other medications, vaccines have rare but serious side effects. I understand that I may ask the pharmacist further questions at any time, before, during, or after the injection.

In the event of an emergency, I authorize the pharmacist to administer epinephrine and/or apply necessary life-saving procedures as an interim measure until medical support personnel arrive. In case of emergency, please contact the person I have named above.

I have read and understand the above information.

Patient's Signature: _____ (*Parent or guardian, if a minor.*) Date: _____