

Student Details

Student First Name: _____ Student Last Name: _____

Other Legal Names (if applicable): _____

Sex: Male Female Date of Birth: ___ / ___ / ___

Community: _____

Medicare No:

Non-Aboriginal Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander

School: _____ Class/Year: _____

Allergies: No Yes - list _____

Pre-Vaccination Checklist

Your consent is required before your child can be immunised at school. Your child should not be immunised if any of the following apply:

- They are known to have had a severe reaction to any vaccine, part of a vaccine or drug
- They have a fever of 38.5°C or above on the day of immunisation
- They have had a serious allergic reaction to yeast
- They are taking a medication or have a disease which lowers immunity (for example leukaemia or cancer)
- They recently received a blood transfusion
- They are pregnant or could be pregnant.

Consent for Vaccination - For Parent / Guardian to complete

I consent for my child to receive: 3 doses of **Human Papillomavirus (HPV)** vaccine
1 dose of **Adult diphtheria, tetanus, pertussis** vaccine
1 dose of **Varicella (chickenpox)** vaccine

and the information being recorded*. *Tick one box only.*

YES **NO**

Parent / Guardian Name: _____ Daytime phone contact: _____

Parent / Guardian Signature: _____ Date: _____

Privacy Information

*The information on this form will be recorded on the NT Immunisation Register and later transferred to the National HPV Immunisation Register. Inclusion on these registers is voluntary. All personal information collected by the Department of Health will be handled in accordance with the *Information Act* and the Department's Privacy Policy. Personal information disclosed to the National HPV Register is subject to the *Privacy Act* (Commonwealth).

For further information on privacy laws, visit www.health.nt.gov.au/Agency/Freedom_of_Information_and_Privacy

Office use only

Vaccine Dose	Date Given	Batch Number	Site		Vaccinator Name
HPV # 1			Left	Right	
HPV # 2			Left	Right	
HPV # 3			Left	Right	
dTpa # 1			Left	Right	
Varicella # 1			Left	Right	

Reason **not** vaccinated: Absent Refused Unwell No consent Other _____



Please complete and return this form to school. It is a legal requirement for a parent/guardian to sign this consent form for your child to receive vaccines at school.

School Vaccination Program (Boarding Students)

In the Northern Territory, **all students in Year 7 or Year 8** are eligible to receive

- Three doses of Human Papillomavirus (HPV) vaccine and
- One dose of diphtheria, tetanus, pertussis vaccine and
- One dose of varicella (chickenpox) vaccine.

If your child can't be vaccinated at school or misses out because of illness or absence, you can visit a health clinic for the missed vaccines.

Information and Consent for Vaccination

■ Human Papillomavirus (HPV) and the vaccine?

HPV is a very common virus in women and men. HPV is spread from one person to another during all types of sexual activity. Most people (4 out of 5) will have it at some point in their lives and never know it. The HPV vaccine (Gardasil®) helps protect against 4 types of HPV which cause cervical cancer and cancers of the vulva, vagina, penis and anus and genital warts.

The vaccine does not protect people already infected with HPV. The vaccine is given as a course of 3 injections over a period of 6 months.

■ Diphtheria, tetanus, pertussis and the vaccine?

- **Diphtheria** can cause breathing difficulty and damage to the heart. About 10% of people with diphtheria will die. Others may have permanent heart damage.
- **Tetanus** causes painful muscle spasms that cause trouble breathing and can lead to death. Tetanus spores live in the soil and infection can occur from injuries, sometimes minor.
- **Pertussis (Whooping Cough)** can be passed between people either by coughing and sneezing or during kissing or sharing eating utensils. The infection causes severe coughing, spasms and vomiting. Pneumonia, fitting and brain swelling can occur.

■ Chickenpox and the vaccine?

Chickenpox is spread either by coughing or sneezing or contact with the fluid from the blisters on the skin. The disease may be mild but can cause pneumonia, brain swelling, skin infection and scarring. Birth defects can occur if infection occurs in pregnancy.

Children can safely receive the vaccine even if they have already had the disease before.

Chickenpox is a "live" vaccine. It is safe and 95-98% effective in preventing severe chickenpox disease. If your child is 14 years or older it is recommended that they receive 2 doses of chickenpox vaccine, at least 1 month apart please see your health centre for this vaccine.

■ What are the possible side effects of the vaccines?

Common side effects are discomfort, redness, pain and swelling at the injection site for 1-2 days. Other symptoms may include headache, fever, tiredness and nausea. Putting a cool wet cloth on the injection site and giving paracetamol (Panadol®) helps to relieve symptoms. Fainting, the most common immediate reaction to any vaccine in older children and teenagers may occur 5-30 minutes following vaccination. Severe allergic reactions are rare.