Government of **Western Australia**
Department of **Health**
Public and Aboriginal Health Division

Year 8 School Based Immunisation Program 2018

Dear Parent/Guardian

Please read all the enclosed information about the vaccines being offered to your child through the Year 8 School Based Immunisation Program, then complete this form in capital letters and mark boxes with an 'X' (using **black ink**) and **return it to your child's school within the next week.**

Student details. Please fill in this section whether you consent to your child receiving vaccines or not

Student's last name

Student's first name

MI (middle initial)

Student's date of birth — —

Gender M ☐ F ☐ U (Unspecified/Undetermined/Undisclosed) ☐

Aboriginal Yes ☐ No ☐

Medicare number (free service if provided at school, please ensure Medicare details are provided)

☐ Student's number on card

Name of school student attends

Parent/Legal guardian details. Please fill in this section whether you consent to your child receiving vaccines or not

Relationship to student Father ☐ Mother ☐ Legal guardian ☐

Parent/Legal guardian's last name

Parent/Legal guardian's first name

Mobile phone (preferred)

Home phone

Work phone

Email

Parent/Guardian address (1) Address of individual filling in form (number and street)

Suburb

Postcode

Parent/Guardian address (2) Optional e.g. PO Box (number and street)

Suburb

Postcode

Consent section – parent/guardian to complete

Has your child ever had a serious reaction to any vaccine? Yes ☐ No ☐

If yes, provide details: .....

Does your child have any severe allergies? Yes ☐ No ☐

If yes, provide details: .....

Does your child have any long term medical conditions (e.g. diabetes, epilepsy etc)? Yes ☐ No ☐

If yes, provide details: .....

- I am authorised to give consent or non-consent for my child to be vaccinated. I have read and understand the information provided about vaccination, including the possible vaccine side effects. I understand I can discuss the risks and benefits of vaccination with my GP or call the school immunisation nurse. Consent provided for the above-mentioned vaccines will remain valid until 31st December 2019, and can be withdrawn by calling the school team as per number on the envelope.
- I understand I may receive an SMS from the WA Dept of Health about my child's vaccination experience in order to monitor vaccine safety.
- I understand the information provided on this form will be recorded on relevant State and Commonwealth immunisation registers. It will remain confidential and used to monitor immunisation rates and inform program improvement.

Please ensure you tick the green boxes for your child to be vaccinated.
If you do not want your child to receive a specific vaccine, tick the relevant red box.

Please indicate which vaccines you consent to your child receiving during the 2018 school year:

Diphtheria, tetanus and whooping cough (1 dose of adolescent booster dTpa vaccine) Yes ☐ No ☐

Human Papillomavirus (total of 2 doses of HPV vaccine across the school year) Yes ☐ No ☐

Signature: ..... Date: .....

Have you ticked the correct box for all vaccines?

If this form is not returned, your child may miss out on important vaccinations

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Immunisation provider comments

	Consent		Date given	Batch	Vaccinator	Site arm R	Site arm L
	Yes	**No**					
HPV (1st dose)							
Diphtheria-tetanus-pertussis							
HPV (2nd dose)							

Notes

Telephone consent: Office use only

Verbal consent for vaccination was given Yes ☐ No ☐

Time ..... : ..... Date ..... / ..... / 2017

Signature .....

Name .....

Consent provided by (name) .....

Contact number .....

Signature .....

Name .....

Relationship to child .....
(e.g. father, mother)

Comments

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