



fold

perf



fold



## Year 7 Vaccine Consent Card

Our local community needs to know your decision.

1. Read the information in this booklet
2. Complete table below & respond YES or NO for each vaccine
3. Return this card to school

Student details	
Surname	
First name	
Medicare number	
<input type="text"/>	<input type="text"/> (Number beside child's name)
Postal address	
Postcode	
Date of birth	Female <input type="checkbox"/> Male <input type="checkbox"/>
School name	Class
Is this person of Aboriginal or Torres Strait Islander origin? No <input type="checkbox"/>	
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Aboriginal and Torres Strait Islander <input type="checkbox"/>	
Parent or guardian contact details	
Name of parent or guardian	
Daytime phone	Mobile
Email	

Tear off this card and return it to school



### Further information

If you require further advice or information, please contact your local council immunisation service or local doctor.

Your local council is:

- Or visit the following websites:
- [immunehero.health.vic.gov.au](http://immunehero.health.vic.gov.au)
  - [www.betterhealth.vic.gov.au](http://www.betterhealth.vic.gov.au)
  - [www.immunise.health.gov.au](http://www.immunise.health.gov.au)
  - [www.hpvregister.org.au](http://www.hpvregister.org.au)



Translating and interpreting service  
Call 131 450

The vast majority of people complete and return this card.  
Thank you for returning yours.

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated and by giving consent, I understand my child will be given separate vaccines for diphtheria-tetanus-whooping cough, chickenpox, and human papillomavirus. I have read and I understand the information given to me about vaccination, including the risks of not being vaccinated and the side effects of vaccines. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.

### Human papillomavirus (HPV) vaccine

- YES, I consent to my child receiving three doses of the HPV vaccine at school.
- NO, I do not consent to my child receiving the HPV vaccines at school
- NO, because my child has already recieved the HPV vaccines elsewhere.

Parent or guardian signature

Date:

Dates: 1st dose:

2nd dose:

3rd dose:

### Chickenpox vaccine

- YES, I consent to my child receiving the chickenpox vaccine at school.
- NO, I do not consent to my child receiving the chickenpox vaccine at school
- NO, because my child has already recieved the chickenpox vaccine elsewhere.

Parent or guardian signature

Date:

### Diphtheria-tetanus-whooping cough (dTpa) booster vaccine

- YES, I consent to my child receiving the dTpa booster vaccine at school.
- NO, I do not consent to my child receiving the dTpa booster vaccine at school.
- NO, because my child has already recieved the dTpa booster vaccine elsewhere.

Parent or guardian signature

Date:

If your child is being vaccinated, please tell us about any pre-existing medical conditions, severe allergies or previous reactions to vaccination.

---



---



---



fold



fold



### Office use only

Student name

Vaccine	Vaccination date	Nurse initials	L/R arm
HPV 1st dose			
HPV 2nd dose			
HPV 3rd dose			
Chickenpox			
Diphtheria-tetanus-whooping cough			

Tear off this card and return it to school

Notes

