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

Year 8 School Based Immunisation Program 2017

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.

Students Last Name

Students First Name

M I (middle initial)

Students Date of Birth / /

Gender Male ☐ Female ☐

Aboriginal Yes ☐ No ☐

Medicare Number (free service if provided at school, please ensure Medicare details 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/STREET

– –

Parent/Guardian Address (continued) SUBURB Postcode

Parent/Guardian Address (2) Optional e.g. PO box NUMBER/STREET

– –

Parent/Guardian Address (continued) SUBURB Postcode

Consent Section – parent/guardian to complete

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

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: .....

Please indicate which vaccines you consent to your child receiving during the 2017 school year:

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

Human Papilloma Virus (total of 3 doses of HPV vaccine across the school year) ☐ Yes ☐ No

Chickenpox (2 doses of varicella vaccine required if over 14 years at 1st dose) ☐ Yes ☐ No

Note: If you are unsure if your child has had chickenpox illness or vaccine in the past, it is recommended that they receive the chickenpox vaccine to be protected.

- 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 2018, and can be withdrawn by calling the school team as per number on the envelope.
- 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.

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

HAVE YOU TICKED THE CORRECT BOX FOR ALL THREE VACCINES?

IF THIS FORM IS NOT RETURNED, YOUR CHILD MAY MISS OUT ON IMPORTANT VACCINATIONS

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

Immunisation Provider Comments

OFFICE USE ONLY		
Database ID:		**Vaccine given in**

	Consent							
	Yes	**No**	**Date Given**	**Batch**	**Vaccinator**	**Site Arm R**	**Site Arm L**
HPV (1st dose)							
Varicella (chickenpox)							
HPV (2nd dose)							
Diphtheria-tetanus-pertussis							
HPV (3rd dose)							
Varicella (chickenpox) 2nd dose - (if over 14 years at first dose)							

Notes:

TELEPHONE CONSENT: Office Use Only

Verbal consent for vaccination was given: Yes ☐ No ☐ Time: ..... : ..... Date: ..... / ..... /2017

Signature: ..... Signature: .....

Name: ..... Name: .....

Consent provided by (name) ..... Relationship to child: .....
(e.g. father, mother)

Contact number: .....

Comments: