DIPHTHERIA, TETANUS AND PERTUSSIS (dTpa) VACCINE
Information For You And Your Child

NSW Health offers the vaccines recommended for adolescents by the National Health & Medical Research Council in a school vaccination program. Signed parental/guardian consent must be provided.

Your next steps
- Read this Information for you and your child sheet carefully.
- If you would like your child to be vaccinated against diphtheria, tetanus and pertussis, complete the Consent Form where you see this symbol  and give the signed Consent Form to your child to return to school.
- If you do NOT wish your child to be vaccinated against diphtheria, tetanus and pertussis, do NOT complete or return the Consent Form.

Q. What are diphtheria, tetanus and pertussis?
Diphtheria is a contagious and potentially life-threatening bacterial infection that causes severe breathing difficulties, heart failure and nerve damage.
Tetanus is a severe, often fatal disease of the nervous system. The person suffers severe painful muscle spasms, convulsions and lockjaw. Even with modern intensive care about 1 in 10 people will die.
Pertussis (Whooping Cough) is a highly infectious bacterial disease that causes bouts of coughing.
Adolescents and adults can have an annoying cough for up to 3 months. Severe bouts of coughing can cause vomiting, rib fractures, rupture of small blood vessels and hernias. About 1 in 125 babies aged less than 6 months who catch whooping cough from an infected person die from pneumonia or brain damage.

Q. How do vaccines work?
Vaccines work by triggering the immune system to fight certain infections. If a vaccinated person comes into contact with these infections, their immune system is able to respond more effectively, preventing the disease developing or greatly reducing its severity.

Q. How many doses of vaccine does my child need to be protected?
One dose of dTpa vaccine is needed to provide protection against diphtheria, tetanus and whooping cough into early adulthood.

Q. Who should be vaccinated?
All adolescents should receive 1 dose of dTpa vaccine to provide protection against diphtheria, tetanus and whooping cough. This booster vaccine is essential for maintaining immunity into adulthood after the previous diphtheria-tetanus-whooping cough vaccines given in childhood. Students who have received a diphtheria-tetanus vaccine (ADT) in the past can receive the dTpa vaccine to also protect them against whooping cough.

Q. Who should not be vaccinated?
dTpa vaccine should not be given to people who:
- have had anaphylaxis following a previous dose of vaccine
- have had anaphylaxis following any of the vaccine components
Q. What if I prefer to wait until my child is older? The dTpa vaccine is only available free when given in Intensive English Centres or high schools (Year 7).

Q. How safe are vaccines? Vaccines used in Australia are safe and must pass strict safety testing before being approved by the Therapeutic Goods Administration (TGA). In addition, the TGA monitors the safety of vaccines once they are in use.

Q. What additives does the vaccine contain? The vaccine contains additives (aluminium hydroxide/phosphate, traces of formaldehyde, polysorbate 80 and glycine). Additives are included in very small amounts to either assist the vaccine to work or to act as a preservative.

Q. What are the side effects of vaccination? Side effects are commonly mild and usually involve pain, swelling and redness at the injection site. Serious side effects are extremely rare.

Q. What is anaphylaxis? Anaphylaxis is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. It occurs very rarely after any vaccination. The school immunisation nurses are fully trained in the treatment of anaphylaxis.

Q. What if my child had a severe reaction to the old Triple Antigen or DTP vaccine as a baby? Unless your child had an immediate severe allergic or anaphylactic reaction to the previous vaccine, it is safe for your child to receive the dTpa vaccine.

Q. What if my child has asthma and takes cortisone or prednisone by a “puffer”? dTpa vaccine can be safely administered to someone who has asthma regardless of which medications they are taking.

Q. Who can consent to vaccination and can consent be withdrawn? Only parents/guardians can consent to vaccination for students less than 18 years of age. Students aged 18 years and over may consent to their own vaccination and should complete and sign the Consent Form where ‘Parent/Guardian’ is indicated. Consent can be withdrawn at any time by providing the school with written notification of the withdrawal of consent or telephoning the school to withdraw consent.

Q. Should the vaccine be given to a female student who is or thinks she may be pregnant? No. Any female student who is, or thinks she may be, pregnant should not be vaccinated. On the day of the clinic the vaccination nurse will ask female students if they are or could be pregnant. If a student answers yes to this question, she will not be vaccinated. The student will be urged to immediately discuss the issue with her parent/ guardian and to seek medical help. She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

Q. What can I do if my child missed out on the vaccine because of illness or absence on the day of the nurses’ visit? You should contact your local doctor and make arrangements for your child to be vaccinated.

Q. Will I receive a record of the vaccinations? Your child will be given a record of vaccination. You should not assume that your child has been vaccinated if you do not receive this record of vaccination. Advise your local doctor that this vaccination has been given the next time you visit. Please keep this record for future reference.

Q. What will happen to my child’s information? The information you provide on the Consent Form is subject to strict confidentiality and privacy protections contained in NSW and Commonwealth legislation (see the enclosed Privacy Statement). The information will be entered into NSW and Commonwealth registers to provide an electronic record of your child’s vaccinations, and associated purposes.

Q. Where can I find more information about immunisation? More information is available:
- by contacting your local public health unit on 1300 066 055 or visiting the NSW Health website at www.health.nsw.gov.au/immunisation
- on the National Centre for Immunisation Research and Surveillance website at www.ncirs.edu.au
- on the Therapeutic Goods Administration’s website at www.tga.gov.au
Consent for Diphtheria, Tetanus and Pertussis (dTpa) Vaccination

Parent/Guardian to complete. Please print in CAPITAL letters using a black or blue pen.

1. Student’s Details

Surname

Given Name/s

Date of Birth

Name of School

Gender

Grade

Indigenous Status

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

2. Indigenous Status

3. Your Details – Parent or Legal Guardian

I have read and understood the information provided regarding the benefits and the possible side effects of the Diphtheria, Tetanus and Pertussis (dTpa) vaccine. I hereby give consent for my child, named above, to receive a single dose of Diphtheria, Tetanus and Pertussis (dTpa) vaccine.

I declare, to the best of my knowledge, that my child:
1. Has not had an anaphylactic reaction following any vaccine.
2. Does not have an anaphylactic sensitivity to any of the vaccine components listed in the enclosed Information for you and your child sheet.
3. Is not pregnant.

Name of Parent/Guardian (e.g. JOHN SMITH)

Home Address (e.g. 5 SMITH LANE)

Suburb

Postcode

Mobile Number

Best Alternate Number (include area code e.g. 02)

Signature of Parent/Guardian

Date
Parent/Guardian to complete

**Name of Student**  (e.g. JANE SMITH)

---

**OFFICE USE ONLY**

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Time of Vaccination (24hr)</th>
<th>Vaccine Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Nurse’s Signature**

**Date**  

---

**Nurse’s notes**

- Reason not vaccinated
  - [ ] Absent
  - [ ] Refused
  - [ ] Unwell
  - [ ] No signature
  - [ ] Consent withdrawn
  - [ ] Other

---

**What to do after the vaccination**

- Keep this record, as you may be required to provide this information later.
- Advise your local doctor of the date of this vaccination so that your child’s records are kept up to date.

**What to do if a reaction occurs**

- Put a cold damp cloth on the injection site to relieve tenderness.
- Take paracetamol for pain.
- Drink extra fluids.

If your child suffers a reaction that you are concerned about please contact your local doctor.
HEPATITIS B VACCINE
Information For You And Your Child

NSW Health offers the vaccines recommended for adolescents by the National Health & Medical Research Council in a school vaccination program. Signed parental/guardian consent must be provided.

Your next steps
- Read this Information for you and your child sheet carefully.
- If you would like your child to be vaccinated against hepatitis B, complete the Consent Form where you see this ✍ and give the signed Consent Form to your child to return to school.
- If you do NOT wish your child to be vaccinated against hepatitis B, do NOT complete or return the Consent Form.

Q. What is hepatitis B disease?
Hepatitis B is a viral disease that causes symptoms such as fever, jaundice and feeling generally unwell and can lead to cirrhosis or cancer of the liver. Some people can develop hepatitis B disease and not be aware that they are infected. These people can pass on the disease without knowing it.

Q. How is hepatitis B spread?
- From infected mother to her baby at birth and through breastfeeding
- Child-to-child, usually through contact between open sores or wounds
- Unsafe sex
- Needle stick injury
- Tattooing or body piercing with unsterile equipment
- Sharing injecting equipment

Q. How do vaccines work?
Vaccines work by triggering the immune system to fight certain infections. If a vaccinated person comes into contact with these infections, their immune system is able to respond more effectively, preventing the disease developing or greatly reducing its severity.

Q. How effective is the vaccine?
Hepatitis B vaccine is very effective in providing protection against hepatitis B infection.

Q. How many doses are required for this course?
In Intensive English Centres, hepatitis B vaccine will be given in a 2-dose course with the second dose given 4-6 months after the first.

Q. Will my child be protected against hepatitis B if he/she only receives one dose of hepatitis B vaccine?
No. Adolescents require 2 adult doses of vaccine to be protected against hepatitis B disease.

Q. Who should be vaccinated?
All students should receive 2 doses of hepatitis B vaccine unless they have already received a course of the vaccine as a baby/child.

Q. Who should not be vaccinated?
Hepatitis B vaccine should not be given to people who:
- have had anaphylaxis following a previous dose of vaccine
- have had anaphylaxis following any vaccine component
- are pregnant

Q. How safe are vaccines?
Vaccines used in Australia are safe and must pass strict safety testing before being approved by the Therapeutic Goods Administration (TGA). In addition, the TGA monitors the safety of vaccines once they are in use.

Q. What additives does hepatitis B vaccine contain?
The vaccine contains aluminum hydroxide to assist the vaccine to work and may contain yeast proteins.
Q. What are the side effects of hepatitis B vaccination?
Hepatitis B vaccine is effective, safe and well tolerated. Side effects of hepatitis B vaccine are commonly mild and usually involve pain, swelling and redness at the injection site. Serious side effects are extremely rare.

Q. What is anaphylaxis?
Anaphylaxis is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. It occurs very rarely after any vaccination. The nurses are fully trained in the treatment of anaphylaxis.

Q. What should I do if I have no records or I cannot remember if my child has already received a course of hepatitis B vaccine?
It is safe for your child to receive another course of hepatitis B vaccine.

Q. My child has received a Hib vaccine. Will this protect my child against hepatitis B?
No. Hib vaccine protects against Haemophilus influenzae type b infection only and is given to babies at 2, 4, 6, and 12 months of age. It will not protect your child against hepatitis B.

Q. Should the vaccine be given to a female student who is or thinks she may be pregnant?
No. Any female student who is or thinks she may be pregnant should not be vaccinated. On the day of the clinic the vaccination nurse will ask female students if they are or could be pregnant. If a student answers yes to this question, she will not be vaccinated. The student will be urged to immediately discuss the issue with her parent/guardian and to seek medical help. She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

Q. What if my child has asthma and takes cortisone or prednisone by a “puffer”?
Hepatitis B vaccine can be safely administered to someone who has asthma regardless of which medications they are taking.

Q. Who can consent to vaccination and can consent be withdrawn?
Only parents/guardians can consent to vaccination for students less than 18 years of age. Students aged 18 years and over may consent to their own vaccination and should complete and sign the Consent Form where ‘Parent/Guardian’ is indicated. Consent can be withdrawn at any time by providing the school with written notification of the withdrawal of consent or telephoning the school to withdraw consent.

Q. What can I do if my child missed out on the vaccine because of illness or absence on the day of the nurses’ visit?
You should contact your local doctor and make arrangements for your child to be vaccinated.

Q. Will I receive a record of the vaccinations?
Your child will be given a record of vaccination. You should assume that your child has been vaccinated if you do not receive this record of vaccination. Advise your local doctor that this vaccination has been given the next time you visit. Please keep this record for future reference.

Q. What will happen to my child’s information?
The information you provide on the Consent Form is subject to strict confidentiality and privacy protections contained in NSW and Commonwealth legislation (see the enclosed Privacy Statement). The information will be entered into NSW and Commonwealth registers to provide an electronic record of your child’s vaccinations, and associated purposes.

Q. Where can I find more information about immunisation?
More information is available:
• by contacting your local public health unit on 1300 066 055 or visiting the NSW Health website at www.health.nsw.gov.au/immunisation
• on the National Centre for Immunisation Research and Surveillance website at www.ncirs.edu.au
• in the Australian Immunisation Handbook at www.immunise.health.gov.au
• on the Therapeutic Goods Administration’s website at www.tga.gov.au
Consent for Hepatitis B Vaccination

What to do after the vaccination
• Keep this record, as you may be required to provide this information later.
• Advise your local doctor of the date of this vaccination so that your child’s records are kept up to date.

If your child suffers a reaction that you are concerned about please contact your local doctor.

What to do if a reaction occurs
• Put a cold damp cloth on the injection site to relieve tenderness.
• Take paracetamol for pain.
• Drink extra fluids.

2. Indigenous Status

Number beside your child’s name on the Medicare card

3. Your Details – Parent or Legal Guardian

I have read and understood the information provided regarding the benefits and the possible side effects of the hepatitis B vaccine.
I hereby give consent for my child, named above, to receive a 2 dose course of hepatitis B vaccine.

I declare, to the best of my knowledge, that my child:
1. Has not had an anaphylactic reaction following any vaccine.
2. Does not have an anaphylactic sensitivity to any of the vaccine components listed in the enclosed Information for you and your child sheet.
3. Is not pregnant.

Name of Parent/Guardian (e.g. JOHN SMITH)

Home Address (e.g. 5 SMITH LANE)

Suburb

Postcode

Mobile Number

Best Alternate Number (include area code e.g. 02)

Signature of Parent/Guardian

Date

/ /
Hepatitis B Record of Vaccination

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

Arm  | Left | Time of Vaccination (24hr) | Vaccine Batch Number
     | Right | Date

Nurse's Signature

Date

X

Nurse's notes

Reason not vaccinated

☐ Absent
☐ Refused
☐ Unwell
☐ No signature
☐ Consent withdrawn
☐ Other

Sample only
Q. What is HPV and how is it spread?
Human papillomavirus (HPV) is a common virus affecting both men and women. HPV is spread through genital contact during sex with someone who has the virus. The virus passes through tiny breaks in the skin and is not spread through blood or other body fluids. Condoms offer limited protection, as they do not cover all of the genital skin.

Most sexually active people will have a genital HPV infection at some time in their lives. While the body usually clears the infection naturally and there are no symptoms, it can sometimes cause serious illness, including:

• almost all cases of cervical cancer and genital warts
• 90% of anal cancers
• 65% of vaginal cancers
• 60% of oropharyngeal cancers (cancers of the back of the throat)
• 50% of vulva cancers
• 35% of penile cancers
• almost all cases of genital warts

Vaccinating males will prevent male cancers and genital warts and importantly, will also help to protect females from cervical cancer.

Q. How effective is the vaccine?
The vaccine protects against high-risk HPV types that cause over 90 per cent of cervical cancers in women and also protects against additional HPV types that cause cancers in men.

Q. How many doses of vaccine does my child need to be protected?
The latest international evidence indicates that most* adolescents who receive 2 doses of HPV vaccine at least 6 months apart are fully vaccinated and do not need a third dose.

*Some adolescents are still recommended to have a 3-dose schedule of HPV vaccine and should arrange to have the third dose at their GP at least 4 months after the second dose. These include students:

• who received the first dose of any HPV vaccine when they were 15 years of age or older, and
• with significantly impaired immune systems, defined as those with primary or secondary immune-deficiencies (B lymphocyte antibody and T lymphocyte complete or partial deficiencies); HIV infection; malignancy; organ transplantation; or significant immunosuppressive therapy (excluding asplenia or hyposplenia).

Q. Who should be vaccinated?
All Intensive English Centres students aged 12 to less than 15 years should receive a 2-dose schedule of HPV vaccine. All students aged 15 years and over, and those with significantly impaired immune systems (see response to “How many doses of vaccines does my child need to be protected?”) should have a 3-dose schedule of HPV vaccine, with the third dose given by their GP at least 4 months after the second dose. For more information, contact your local public health unit on 1300 066 055.
**Q. Who should not be vaccinated?**

HPV vaccine should not be given to people who:
- are or may be pregnant
- have had anaphylaxis following a previous vaccine
- have had anaphylaxis following any of the vaccine components
- have a history of anaphylaxis to yeast

**Q. What if I prefer to wait until my child is older?**

HPV vaccination is most effective when it is given to adolescents before they become sexually active.

**Q. What additives does HPV vaccine contain?**

The vaccine contains additives (yeast, aluminium adjuvant, sodium chloride, L-histidine, polysorbate and sodium Borate). Additives are included in very small amounts to either assist the vaccine to work or to act as a preservative.

**Q. How safe are vaccines?**

Vaccines used in Australia are safe and must pass strict safety testing before being approved by the Therapeutic Goods Administration (TGA). In addition, the TGA monitors the safety of vaccines once they are in use.

**Q. What are the side effects of vaccination?**

Side effects are commonly mild and usually involve pain, swelling and redness at the injection site. Serious side effects are extremely rare.

**Q. What is anaphylaxis?**

Anaphylaxis is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. It occurs very rarely after any vaccination. The school immunisation nurses are fully trained in the treatment of anaphylaxis.

**Q. Will my daughter still need Pap smears?**

Yes. Regular cervical screening (previously called Pap smears) is still important for vaccinated women, as the HPV vaccine does not protect against all types of HPV that can cause cervical cancer. All women from 25 years of age who have ever been sexually active should have a Cervical Screening Test every 5 years, regardless of their HPV vaccination status.

**Q. What if my child has asthma and takes cortisone or prednisone by a “puffer”?**

The vaccine can be safely administered to someone who has asthma regardless of which medications they are taking.

**Q. Who can consent to vaccination and can consent be withdrawn?**

Only parents/guardians can consent to vaccination for students less than 18 years of age. Students aged 18 years and over may consent to their own vaccination and should complete and sign the Consent Form where ‘Parent/Guardian’ is indicated. Consent can be withdrawn at any time by providing the school with written notification of the withdrawal of consent or telephoning the school to withdraw consent.

**Q. Should the vaccine be given to a female student who is or thinks she may be pregnant?**

No. Any female student who is, or thinks she may be, pregnant should not be vaccinated. On the day of the clinic the vaccination nurse will ask female students if they are or could be pregnant. If a student answers yes to this question, she will not be vaccinated. The student will be urged to immediately discuss the issue with her parent/guardian and to seek medical help. She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

**Q. What can I do if my child missed out on the vaccine because of illness or absence on the day of the nurses’ visit?**

You should contact your local doctor and make arrangements for your child to be vaccinated.

**Q. Will I receive a record of the vaccinations?**

Your child will be given a record of vaccination. You should not assume that your child has been vaccinated if you do not receive this record of vaccination. Advise your local doctor that this vaccination has been given the next time you visit. Please keep this record for future reference.

**Q. What will happen to my child’s information?**

The information you provide on the Consent Form is subject to strict confidentiality and privacy protections contained in NSW and Commonwealth legislation (see the enclosed Privacy Statement). The information will be entered into a NSW Health immunisation register, and then uploaded to the National HPV Vaccination Program Register, to provide an electronic record of your child’s vaccinations, and associated purposes. Female students receiving HPV vaccine – by signing the Consent Form, you are agreeing to disclose your child’s health information for linkage to the National Cervical Screening Program Register in the future.

**Q. Where can I find more information about immunisation?**

More information is available:
- by contacting your local public health unit on 1300 066 055 or visiting the NSW Health website at www.health.nsw.gov.au/hpv
- on the National Centre for Immunisation Research and Surveillance website at www.ncirs.edu.au
- on the Therapeutic Goods Administration’s website at www.tga.gov.au
- on the National HPV Vaccination Program Register website at www.hpvregister.org.au

---

**NSW Government**

An Australian, State and Territory Governments initiative

**HUMAN PAPILLOMAVIRUS (HPV) VACCINE – INFORMATION FOR YOU AND YOUR CHILD**

- by contacting your local public health unit on 1300 066 055 or visiting the NSW Health website at www.health.nsw.gov.au/hpv
- on the National Centre for Immunisation Research and Surveillance website at www.ncirs.edu.au
- on the Therapeutic Goods Administration’s website at www.tga.gov.au
- on the National HPV Vaccination Program Register website at www.hpvregister.org.au
Consent for HPV Vaccination

1. Student's Details

Surname

Given Name/s

Date of Birth

Name of School

Date of Birth

Gender

Grade

Number beside your child's name on the Medicare card

Medicare Number

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

I have read and understood the information provided regarding the benefits and the possible side effects of the HPV vaccine. I hereby give consent for my child, named above, to receive a 2 dose course of HPV vaccine, and for their health information to be shared with the National HPV Vaccination Program Register and linked to the National and State Cervical Screening Program (females only)

I declare, to the best of my knowledge, that my child:

1. Has not had an anaphylactic reaction following any vaccine.

2. Does not have an anaphylactic sensitivity to any of the vaccine components listed in the enclosed Information for you and your child sheet.

3. Is not pregnant.

Name of Parent/Guardian (e.g. JOHN SMITH)

Home Address (e.g. 5 SMITH LANE)

Suburb

Postcode

Mobile Number

Best Alternate Number (include area code e.g. 02)

Signature of Parent/Guardian

Date

Consent for HPV Vaccination

What to do after the vaccination

• Keep this record, as you may be required to provide this information later.

• Advise your local doctor of the date of this vaccination so that your child’s records are kept up to date.

If your child suffers a reaction that you are concerned about please contact your local doctor.

What to do if a reaction occurs

• Put a cold damp cloth on the injection site to relieve tenderness.

• Take paracetamol for pain.

• Drink extra fluids.

What to do after the vaccination

• Keep this record, as you may be required to provide this information later.

• Advise your local doctor of the date of this vaccination so that your child’s records are kept up to date.

If your child suffers a reaction that you are concerned about please contact your local doctor.

What to do if a reaction occurs

• Put a cold damp cloth on the injection site to relieve tenderness.

• Take paracetamol for pain.

• Drink extra fluids.
HPV Record of Vaccination

*Parent/Guardian to complete*

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Time of Vaccination (24hr)</th>
<th>Vaccine Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nurse’s Signature: Date:

- [ ] Right
- [ ] Left

Sample only
Q. What are measles, mumps and rubella?

Measles is a highly infectious virus causing fever, cough and a rash. One in 15 children with measles develops pneumonia and 1 in 1,000 develops encephalitis (brain inflammation). For every 10 children who develop measles encephalitis, 1 will die and many will have permanent brain damage. About 1 in 100,000 will develop brain degeneration, which is always fatal.

Mumps is an infectious disease causing swollen neck glands and fever. One in 5,000 infected children will develop brain inflammation; 1 in 5 males past puberty will develop inflammation of the testes. Occasionally mumps causes infertility or deafness. Mumps infection during the first trimester of pregnancy can result in spontaneous abortion.

Rubella (German Measles) is an infectious viral disease causing rash, fever and swollen glands. It causes severe abnormalities in babies of infected pregnant women.

Up to nine in 10 babies infected during the first trimester of pregnancy will have a major congenital abnormality, such as deafness, blindness, or heart defects. One in 3,000 patients develops thrombocytopenia (low platelet count that causes bruising/bleeding). One in 6,000 develops brain inflammation.

Q. How do vaccines work?

Vaccines work by triggering the immune system to fight certain infections. If a vaccinated person comes into contact with these infections, their immune system is able to respond more effectively, preventing the disease developing or greatly reducing its severity.

Q. How effective is the vaccine and are further booster doses required?

MMR vaccine is very effective in providing protection against measles, mumps and rubella infection and booster doses are currently not recommended.

Q. Who should be vaccinated?

Two doses of measles-mumps-rubella vaccine (MMR) are recommended for adolescents for complete immunity to measles, mumps and rubella unless they have previously received two doses of vaccine.

Q. Who should not be vaccinated?

MMR vaccine should not be given to people who:

• have had anaphylaxis following a previous dose of MMR vaccine
• have had anaphylaxis following any vaccine component (listed over the page)
• are pregnant (pregnancy should be avoided for 28 days after vaccination)
• have received a live vaccine in the past 4 weeks e.g. varicella (chickenpox), BCG (tuberculosis) or yellow fever
• have received a blood transfusion/immunoglobulin injection within the past year
• have impaired immunity
  i.e. (i) people with HIV/AIDS
  (ii) people taking high-dose oral corticosteroids
  (iii) people who are receiving high-dose systemic immunosuppressive treatment, general radiation or x-ray therapy
  (iv) people suffering from malignant conditions of the reticuloendothelial system, including lymphoma, leukaemia and Hodgkin’s disease.

Q. What additives does MMR vaccine contain?
The MMR vaccine contains additives (lactose, neomycin, sorbitol and mannitol). Additives are included in very small amounts to either assist the vaccine to work or to act as a preservative.

Q. How safe are vaccines?
Vaccines used in Australia must pass strict safety testing before being approved by the Therapeutic Goods Administration (TGA). In addition, the TGA monitors the safety of vaccines once in use.

Q. What are the side effects of MMR vaccination?
MMR vaccine is safe, effective and well tolerated. Side effects are commonly mild and may involve feeling generally unwell, fever and/or rash (not infectious and may occur 5-12 days after MMR vaccination). Serious side effects including anaphylaxis (see information below), transient lymphadenopathy (short-lived swelling of the lymph nodes), arthralgia (joint pain) and thrombocytopenia (increased potential for bruising and bleeding) are extremely rare.

Q. What is anaphylaxis?
Anaphylaxis is a severe allergic reaction which may result in unconsciousness and death if not treated quickly. It occurs very rarely after any vaccination. The nurses are fully trained in the treatment of anaphylaxis.

Q. Should the vaccine be given to a female student who is or thinks she may be pregnant?
No. Any female student who is or thinks she may be pregnant should not be vaccinated. On the day of the clinic the vaccination nurse will ask female students if they are or could be pregnant. If a student answers yes to this question, she will not be vaccinated. The student will be urged to immediately discuss the issue with her parent/guardian and to seek medical help. She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

Female students who have received MMR vaccine should not become pregnant for 28 days after vaccination.

Q. What if my child has asthma and takes cortisone or prednisone by a “puffer”?
MMR vaccine can be safely administered to someone who has asthma regardless of which medications they are taking.

Q. Who can consent to vaccination and can consent be withdrawn?
Only parents/guardians can consent to vaccination for students less than 18 years of age. Students aged 18 years and over may consent to their own vaccination and should complete and sign the Consent Form where ‘Parent/Guardian’ is indicated. Consent can be withdrawn at any time by providing the school with written notification of the withdrawal of consent or telephoning the school to withdraw consent.

Q. Will I receive a record of my child's MMR vaccination?
Your child will be given a record of vaccination to take home. You should not assume that your child has been vaccinated if you do not receive this record of vaccination. Advise your local doctor that this vaccination has been given the next time you visit. Please keep this record for future reference.

Q. What can I do if my child missed out on the vaccine at school because of illness or absence on the day of the nurses' visit?
You should contact your local doctor and make arrangements for your child to be vaccinated.

Q. What will happen to my child's information?
The information you provide on the Consent Form is subject to strict confidentiality and privacy protections contained in NSW and Commonwealth legislation (see the enclosed Privacy Statement). The information will be entered into NSW and Commonwealth registers to provide an electronic record of your child's vaccinations, and associated purposes.

Q. Where can I find more information about immunisation?
More information is available:
• by contacting your local public health unit on 1300 066 055 or visiting the NSW Health website: www.health.nsw.gov.au/immunisation
• on the National Centre for Immunisation Research and Surveillance website: www.ncirs.edu.au
• on the Therapeutic Goods Administration website: www.tga.gov.au
Consent for Measles, Mumps and Rubella (MMR) Vaccination

1. Student's Details
   - Surname
   - Given Names
   - Date of Birth
   - Name of School

2. Indigenous Status
   - Number beside your child's name on the Medicare card
   - Medicare Number

   Yes, Aboriginal
   Yes, both Aboriginal and Torres Strait Islander
   Yes, Torres Strait Islander
   No

3. Your Details - Parent or Legal Guardian
   - Name of Parent/Guardian (e.g. JOHN SMITH)
   - Home Address (e.g. 5 SMITH LANE)
   - Signature of Parent/Guardian
   - Date

   What to do after the vaccination
   • Keep this record, as you may be required to provide this information later.
   • Advise your local doctor of the date of this vaccination so that your child’s records are kept up to date.

   If your child suffers a reaction that you are concerned about please contact your local doctor.

   What to do if a reaction occurs
   • Put a cold damp cloth on the injection site to relieve tenderness.
   • Take paracetamol for pain.
   • Drink extra fluids.

   I have read and understood the information provided regarding the benefits and the possible side effects of the Measles, Mumps and Rubella (MMR) vaccine.

   I hereby give consent for my child, named above, to receive 2 doses of Measles, Mumps and Rubella (MMR) vaccine.

   I declare, to the best of my knowledge, that my child:
   1. Has not had an anaphylactic reaction following any vaccine.
   2. Does not have an anaphylactic sensitivity to any of the vaccine components listed in the enclosed Information for you and your child sheet.
   3. Is not pregnant.

   What to do after the vaccination
   • Keep this record, as you may be required to provide this information later.
   • Advise your local doctor of the date of this vaccination so that your child’s records are kept up to date.

   If your child suffers a reaction that you are concerned about please contact your local doctor.

   What to do if a reaction occurs
   • Put a cold damp cloth on the injection site to relieve tenderness.
   • Take paracetamol for pain.
   • Drink extra fluids.

   If your child suffers a reaction that you are concerned about please contact your local doctor.
## MMR Record of Vaccination

### DOSE 1

**Parent/Guardian to complete**

**Name of Student (e.g. JANE SMITH)**

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Time of Vaccination (24hr)</th>
<th>Vaccine Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nurse's Signature: [Signature] Date: [Date]

**Reason not vaccinated**

- [ ] Absent
- [ ] Refused
- [ ] Unwell
- [ ] No signature
- [ ] Consent withdrawn
- [ ] Other

**Nurse's notes**

### DOSE 2

**Parent/Guardian to complete**

**Name of Student (e.g. JANE SMITH)**

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Time of Vaccination (24hr)</th>
<th>Vaccine Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Nurse's Signature: [Signature] Date: [Date]

**Reason not vaccinated**

- [ ] Absent
- [ ] Refused
- [ ] Unwell
- [ ] No signature
- [ ] Consent withdrawn
- [ ] Other

**Nurse's notes**
**Q. What is polio (poliomyelitis)?**
Polio is a viral infection caused by the poliovirus that can cause paralysis and death. The majority of people infected with polio do not have any symptoms. A minor illness causing fever, headache, lethargy, nausea and vomiting occurs in about 10% of infected people. While most of these people completely recover, about 2% go on to experience severe muscle pain with back or neck stiffness caused by inflammation of the lining of the brain. Less than 1% of infected people develop severe weakness called acute flaccid paralysis that can affect the limbs, muscles of the head and neck and the muscles that are used for breathing.

**Q. How is polio spread?**
Polio is spread by close contact with an infected person through contact with very small amounts of faeces (i.e. on unwashed hands) or saliva from an infected person. The polio virus enters the body through the nose or mouth and infection starts in the gut. It then enters the blood stream and is carried to other parts of the body, including the nervous system. Cases are mostly infectious in the 10 days before, and the 10 days after, the onset of symptoms.

**Q. How do vaccines work?**
Vaccines work by triggering the immune system to fight certain infections. If a vaccinated person comes into contact with these infections, their immune system is able to respond more effectively, preventing the disease developing or greatly reducing its severity.

**Q. How effective is the polio vaccine?**
The 3 dose primary course of polio vaccine is at least 99% effective against the disease.

**Q. Who should be vaccinated?**
Students who have not received the primary course of polio vaccine (3 doses of vaccine at least 4 weeks apart) should be vaccinated. As most students will have received at least one dose of polio vaccine, up to 2 doses will be offered in Intensive English Centres and parents will be advised to attend their local doctor for the third dose, if required.

**Q. Who should not be vaccinated?**
Polio vaccine should not be given to people who:
- have had anaphylaxis following a previous dose of vaccine
- have had anaphylaxis following any of the vaccine components

**Q. What is anaphylaxis?**
Anaphylaxis is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. It occurs very rarely after any vaccination. The school immunisation nurses are fully trained in the treatment of anaphylaxis.

**Q. What should I do if I have no records or I cannot remember if my child has already received polio vaccine?**
Children and adults can be safely vaccinated with polio vaccine if there is no available evidence of previous vaccination with polio vaccine.
Q. What additives does polio vaccine contain?
The vaccine contains additives (phenoxyethanol, formaldehyde, polysorbate 80 and trace amounts of neomycin, streptomycin, polymyxin B and bovine serum albumin). Additives are included in very small amounts to either assist the vaccine to work or to act as a preservative.

Q. How safe are vaccines?
Vaccines used in Australia are safe and must pass strict safety testing before being approved by the Therapeutic Goods Administration (TGA). In addition, the TGA monitors the safety of vaccines once they are in use.

Q. What are the side effects of polio vaccination?
Side effects are commonly mild and usually involve redness, pain and swelling at the injection site or fever. Serious side effects are extremely rare.

Q. Should the vaccine be given to a female student who is or thinks she may be pregnant?
No. Any female student who is, or thinks she may be, pregnant should not be vaccinated. On the day of the clinic the vaccination nurse will ask female students if they are or could be pregnant. If a student answers yes to this question, she will not be vaccinated. The student will be urged to immediately discuss the issue with her parent/guardian and to seek medical help. She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

Q. What if my child has asthma and takes cortisone or prednisone by a “puffer”?
Polio vaccine can be safely administered to someone who has asthma regardless of which medications they are taking.

Q. Who can consent to vaccination and can consent be withdrawn?
Only parents/guardians can consent to vaccination for students less than 18 years of age. Students aged 18 years and over may consent to their own vaccination and should complete and sign the Consent Form where ‘Parent/Guardian’ is indicated. Consent can be withdrawn at any time by providing the school with written notification of the withdrawal of consent or telephoning the school to withdraw consent.
# Consent for Polio Vaccination

**Parent/Guardian to complete. Please print in CAPITAL letters using a black or blue pen.**

### 1. Student's Details

<table>
<thead>
<tr>
<th>Surname</th>
<th>Given Name/s</th>
<th>Date of Birth</th>
<th>Gender</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>M/F</td>
<td></td>
</tr>
</tbody>
</table>

### 2. Indigenous Status

- Yes, Aboriginal
- Yes, Torres Strait Islander
- Yes, both Aboriginal and Torres Strait Islander

### 3. Your Details - Parent or Legal Guardian

- I have read and understood the information provided regarding the benefits and the possible side effects of the polio vaccine.
- I hereby give consent for my child, named above, to receive a 2 dose course of polio vaccine.
- I declare, to the best of my knowledge, that my child:
  1. Has not had an anaphylactic reaction following any vaccine.
  2. Does not have an anaphylactic sensitivity to any of the vaccine components listed in the enclosed Information for you and your child sheet.
  3. Is not pregnant.

**Name of Parent/Guardian** (e.g. JOHN SMITH)

**Home Address** (e.g. 5 SMITH LANE)

**Suburb** | **Postcode**
---|---

**Mobile Number**

**Best Alternate Number** (include area code e.g. 02)

**Signature of Parent/Guardian**

**Date**

---

**What to do after the vaccination**
- Keep this record, as you may be required to provide this information later.
- Advise your local doctor of the date of this vaccination so that your child's records are kept up to date.

**What to do if a reaction occurs**
- Put a cold damp cloth on the injection site to relieve tenderness.
- Take paracetamol for pain.
- Drink extra fluids.

If your child suffers a reaction that you are concerned about please contact your local doctor.

---

**Sample only**
### Polio Record of Vaccination

**Parent/Guardian to complete**

- **Name of Student:** [e.g. JANE SMITH]

#### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Time of Vaccination (24hr)</th>
<th>Vaccine Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>×</td>
<td></td>
</tr>
</tbody>
</table>

#### Nurse’s notes

- Reason not vaccinated
  - [ ] Absent
  - [ ] Refused
  - [ ] Unwell
  - [ ] No signature
  - [ ] Consent withdrawn
  - [ ] Other

---

### Parent/Guardian Polio Record of Vaccination

**DOSE 1**

**Parent/Guardian to complete**

- **Name of Student:** [e.g. JANE SMITH]

#### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Time of Vaccination (24hr)</th>
<th>Vaccine Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>×</td>
<td></td>
</tr>
</tbody>
</table>

### DOSE 2

**Parent/Guardian to complete**

- **Name of Student:** [e.g. JANE SMITH]

#### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Time of Vaccination (24hr)</th>
<th>Vaccine Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>×</td>
<td></td>
</tr>
</tbody>
</table>

---

### DOSE 2

**Parent/Guardian to complete**

- **Name of Student:** [e.g. JANE SMITH]

#### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Time of Vaccination (24hr)</th>
<th>Vaccine Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse’s Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>×</td>
<td></td>
</tr>
</tbody>
</table>

---

**Sample only**
VARICELLA (CHICKENPOX) VACCINE

Information For You And Your Child

NSW Health offers the vaccines recommended for adolescents by the National Health & Medical Research Council in a school vaccination program. Signed parental/guardian consent must be provided.

Your next steps
- Read this Information for you and your child sheet carefully.
- If you would like your child to be vaccinated against varicella, complete the Consent Form where you see this symbol ✍ and give the signed Consent Form to your child to return to school.
- If you do NOT wish your child to be vaccinated against varicella, do NOT complete or return the Consent Form.

Q. What is Varicella (chickenpox)?
Chickenpox is a highly contagious infection caused by the varicella-zoster virus. It is usually a mild disease of short duration in healthy children with symptoms such as slight fever, runny nose, feeling generally unwell and a skin rash that turns to blisters. However, it is more severe in adults and can cause serious and even fatal illness in individuals who are immunosuppressed. One in 100,000 infected patients develop encephalitis (brain inflammation). Infection during pregnancy can result in congenital abnormalities in the baby.

Q. How is chickenpox spread?
Early in the illness, chickenpox is spread by coughing. Later in the illness, the virus is spread by direct contact with the fluid in the blisters. The infection is highly contagious to people who have never had chickenpox or who have not been immunised. People are infectious from one or two days before the rash appears (that is, during the runny nose phase) and up to five days after (when the blisters have formed crusts or scabs).

Q. How do vaccines work?
Vaccines work by triggering the immune system to fight certain infections. If a vaccinated person comes into contact with these infections, their immune system is able to respond more effectively, preventing the disease developing or greatly reducing its severity.

Q. How effective is the vaccine?
A single dose of chickenpox vaccine is 80-85% effective in preventing chickenpox and very effective against severe disease.

Q. Who should be vaccinated?
Students up to 14 years of age require a single dose of chickenpox vaccine, unless they have previously been vaccinated (usually at 18 months of age) or have had chickenpox disease. Students 14 years of age and older require two doses of chickenpox vaccine given at least 1-2 months apart via their doctor.

Q. Who should not be vaccinated?
Chickenpox vaccine should not be given to people who:
- have had anaphylaxis following a previous dose of vaccine
- have had anaphylaxis following any of the vaccine components
- are pregnant (pregnancy should be avoided for 28 days after vaccination)
- have received a blood transfusion/immunoglobulin injection within the previous 12 months
- have received a live vaccine in the past 4 weeks (e.g. MMR (measles, mumps and rubella), BCG (tuberculosis) or yellow fever)
- have impaired immunity i.e.
  i. people with HIV/AIDS
  ii. people who are receiving high-dose immunosuppressive treatment, such as chemotherapy, radiation therapy or high-dose oral corticosteroids
  iii. people with severe immunocompromise, including lymphoma, leukaemia or generalised malignancy.
Q. What is anaphylaxis?
Anaphylaxis is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. It occurs very rarely after any vaccination. The school immunisation nurses are fully trained in the treatment of anaphylaxis.

Q. What should I do if I have no records or I cannot remember if my child has already had chickenpox or received vaccine?
Children and adults can be safely vaccinated with chickenpox vaccine if there is an unknown history of chickenpox, or if there is no available evidence of previous vaccination with varicella vaccine.

Q. What additives does chickenpox vaccine contain?
The vaccine contains additives (sucrose, hydrolysed gelatin, urea, monosodium glutamate, residual components of MRC-5 cells, traces of neomycin and bovine serum). Additives are included in very small amounts to either assist the vaccine to work or to act as a preservative.

Q. How safe are vaccines?
Vaccines used in Australia are safe and must pass strict safety testing before being approved by the Therapeutic Goods Administration (TGA). In addition, the TGA monitors the safety of vaccines once they are in use.

Q. What are the side effects of varicella vaccination?
Side effects are commonly mild and usually involve pain, swelling and redness at the injection site. Serious side effects are extremely rare. A ‘chickenpox-like rash’ may develop 5 to 26 days after vaccination in less than 5% of people and last for less than 1 week.

Q. Should the vaccine be given to a female student who is or thinks she may be pregnant?
No. Any female student who is, or thinks she may be, pregnant should not be vaccinated. On the day of the clinic the vaccination nurse will ask female students if they are or could be pregnant. If a student answers yes to this question, she will not be vaccinated. The student will be urged to immediately discuss the issue with her parent/guardian and to seek medical help. She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

Female students who have received chickenpox vaccine should not become pregnant for 28 days after vaccination.

Q. What if my child has asthma and takes cortisone or prednisone by a “puffer”?
Chickenpox vaccine can be safely administered to someone who has asthma regardless of which medications they are taking.

Q. Can I withdraw consent?
Consent can be withdrawn at any time by providing the school with written notification of the withdrawal of consent or telephoning the school to withdraw consent.

Q. What do I do if my child missed out on the vaccine because of illness or absence on the day of the nurses’ visit?
You should contact your local doctor and make arrangements for your child to be vaccinated.

Q. Will I receive a record of the vaccinations?
Your child will be given a record of vaccination. You should not assume that your child has been vaccinated if you do not receive this record of vaccination. Advise your local doctor that this vaccination has been given the next time you visit. Please keep this record for future reference.

Q. What will happen to my child’s information?
The information you provide on the Consent Form is subject to strict confidentiality and privacy protections contained in NSW and Commonwealth legislation (see the enclosed Privacy Statement). The information will be entered into NSW and Commonwealth registers to provide an electronic record of your child’s vaccinations, and associated purposes.

Q. Where can I find more information about immunisation?
More information is available:
• by contacting your local public health unit on 1300 066 055 or visiting the NSW Health website at www.health.nsw.gov.au/immunisation
• on the National Centre for Immunisation Research and Surveillance website at www.ncirs.edu.au
• in the Australian Immunisation Handbook at www.immunise.health.gov.au
• on the Therapeutic Goods Administration’s website at www.tga.gov.au
Consent for Varicella (Chickenpox) Vaccination

1. Student’s Details

Surname

Given Name/s

Date of Birth

Gender

Name of School

Medicare Number

Number beside your child’s name on the Medicare card

2. Indigenous Status

Yes, Aboriginal

Yes, Torres Strait Islander

Yes, both Aboriginal and Torres Strait Islander

3. Your Details – Parent or Legal Guardian

I have read and understood the information provided regarding the benefits and the possible side effects of the Varicella vaccine.

I hereby give consent for my child, named above, to receive a single dose of Varicella vaccine.

I declare, to the best of my knowledge, that my child:

1. Has not had an anaphylactic reaction following any vaccine.

2. Does not have an anaphylactic sensitivity to any of the vaccine components listed in the enclosed Information for you and your child sheet.

3. Is not pregnant.

Name of Parent/Guardian (e.g. JOHN SMITH)

Home Address (e.g. 5 SMITH LANE)

Suburb

Postcode

Mobile Number

Best Alternate Number (include area code e.g. 02)

Signature of Parent/Guardian

Date
Varicella (Chickenpox) Record of Vaccination

OFFICE USE ONLY

Arm: Left
Time of Vaccination (24hr): 
Vaccine Batch Number:

Nurse's Signature: 
Date: 

Reason not vaccinated
- Absent
- Refused
- Unwell
- No signature
- Consent withdrawn
- Other

What to do after the vaccination
- Keep this record, as you may be required to provide this information later.
- Advise your local doctor of the date of this vaccination so that your child's records are kept up to date.

What to do if a reaction occurs
- Put a cold damp cloth on the injection site to relieve tenderness.
- Take paracetamol for pain.
- Drink extra fluids.

If your child suffers a reaction that you are concerned about please contact your local doctor.

Sample only
MENINGOCOCCAL ACWY VACCINATION
Parent Information Sheet

Q. What is meningococcal disease?
Meningococcal disease is a rare but serious infection that usually leads to meningitis (inflammation of the lining of the brain and spinal cord) and/or septicaemia (blood poisoning). Symptoms of meningococcal disease may be non-specific but may include sudden onset of fever, headache, neck stiffness, joint pain, a rash of red-purple spots or bruises, dislike of bright lights, nausea and vomiting. Up to 10 per cent of meningococcal infections are fatal even with appropriate antibiotic treatment, and survivors may be left with long-term complications.

Q. Why is this vaccine being offered?
Cases of a particular type of meningococcal disease (meningococcal W) have been increasing nationally. This type of meningococcal disease is more severe with a higher case fatality rate than other types of meningococcal disease recently circulating in Australia. The only vaccine available against meningococcal W disease also provides protection against three other meningococcal types – A, C and Y. While meningococcal A is rare in Australia, meningococcal Y is also increasing. Most children will have been vaccinated against meningococcal C at 12 months of age, and this ACWY vaccine will be a useful booster.

Q. How is meningococcal disease spread?
Meningococcal bacteria are passed between people in the saliva from the back of the nose and throat. This generally requires close and prolonged contact with a person carrying the bacteria who is usually completely well. An example of ‘close and prolonged contact’ is living in the same household or intimate (deep) kissing. Meningococcal bacteria are not easily spread from person to person and the bacteria do not survive well outside the human body.

Q. How do vaccines work?
Vaccines work by triggering the immune system to fight certain infections. If a vaccinated person comes into contact with these infections, their immune system is able to respond more effectively, preventing the disease developing or greatly reducing its severity.

Q. How effective is the meningococcal ACWY vaccine?
A single dose of meningococcal ACWY conjugate vaccine is very effective in providing protection against these four types of meningococcal disease. The vaccine does not protect against meningococcal disease caused by type B.

Q. Who should be vaccinated in this program?
All students in Years 10 and 11 in secondary schools, and those aged 15-26 years attending Intensive English Centres, should be vaccinated to be protected against meningococcal serogroups A, C, W and Y.

Q. Who should not be vaccinated?
Meningococcal ACWY vaccine should not be given to people who have had anaphylaxis:
• following a previous dose of meningococcal vaccine
• following any of the vaccine components
People with a known hypersensitivity to diphtheria toxoid should also not be vaccinated with meningococcal ACWY vaccine.

Q. What is anaphylaxis?
Anaphylaxis is a severe allergic reaction that may result in unconsciousness and death if not treated quickly. It occurs very rarely after any vaccination. The school immunisation nurses are fully trained in the treatment of anaphylaxis.

Your next steps
- Read the information in this Parent Information Sheet carefully.
- If you would like your child to be vaccinated against meningococcal ACWY disease, complete the Consent Form where you see this symbol and give the signed Consent Form to your child to return to school.
- If you do NOT wish your child to be vaccinated against meningococcal ACWY disease, do NOT complete or return the Consent Form.

NSW Health is offering vaccination against four types of meningococcal disease (given as one injection) through the school vaccination program. Signed parental/guardian consent must be provided.
Q. Hasn’t my child already received the meningococcal ACWY vaccine?
Meningococcal ACWY vaccine is not included on the National Immunisation Program. Your child may have previously received a meningococcal C vaccine which only protects against meningococcal C disease.
A small number of students with certain medical conditions (such as no spleen or immune deficiency) may have previously been given this vaccine. If so, please discuss with your GP or specialist if your child is due for a booster.

Q. My child has already received a meningococcal C vaccine - is it safe to receive meningococcal ACWY vaccine?
Most children will have received meningococcal C vaccine as infants. In some countries an adolescent booster is recommended, and this ACWY vaccine will provide a booster dose against meningococcal C disease as well as protect against types A, W and Y. Some children will have received a dose of meningococcal C vaccine in 2015-2017 as part of the catch-up for No Jab, No Pay. Having a dose of meningococcal ACWY vaccine now is safe. It is preferable to leave at least 4 weeks between doses for optimal protection against all types.

Q. What are the other indications for this vaccine?
This vaccine is also recommended for people planning travel involving a greater risk of exposure to meningococcal disease, including the Hajj. The vaccine is also recommended for certain occupations, such as microbiology laboratory staff, and for people with certain medical conditions, such as not having a spleen.

Q. What additives does the meningococcal ACWY vaccine contain?
The vaccine may contain additives (sucrose, potassium phosphate, trometamol, sodium chloride and sodium phosphate). Additives are included in very small amounts to either assist the vaccine to work or to act as a preservative.

Q. How safe are vaccines?
Vaccines used in Australia are safe and must pass strict safety testing before being approved by the Therapeutic Goods Administration (TGA). In addition, the TGA monitors the safety of vaccines once they are in use.

Q. What are the side effects of meningococcal ACWY vaccination?
Side effects are commonly mild and usually involve fever or redness, pain and swelling at the injection site. Serious side effects are extremely rare.

Q. Should the vaccine be given to a female student who is or thinks she may be pregnant?
No. Any female student who is, or thinks she may be, pregnant should not be vaccinated. On the day of the clinic the vaccination nurse will ask female students if they are or could be pregnant. If a student answers yes to this question, she will not be vaccinated. The student will be urged to immediately discuss the issue with her parent/guardian and to seek medical help. She will also be provided with contact details for a health referral service that will provide advice, support and guidance.

Q. What if my child has asthma and takes cortisone or prednisone by a “puffer”?
Meningococcal ACWY vaccine can be safely administered to someone who has asthma regardless of which medications they are taking.

Q. Who can consent to vaccination and can consent be withdrawn?
Only parents/guardians can consent to vaccination for students less than 18 years of age. Students aged 18 years and over may consent to their own vaccination and should complete and sign the Consent Form where ‘Parent/Guardian’ is indicated. Consent can be withdrawn at any time by providing the school with written notification of the withdrawal of consent or telephoning the school to withdraw consent.

Q. What do I do if my child missed out on the vaccine because of illness or absence on the day of the nurses’ visit?
Every effort will be made to vaccinate your child during the school year. Where this is not possible, you will be advised of arrangements for catch-up vaccination.

Q. Will I receive a record of the vaccination?
Your child will be given a record of vaccination. You should not assume that your child has been vaccinated if you do not receive this record of vaccination. Please keep this record for future reference and advise your GP that this vaccination has been given the next time you visit.

Q. What will happen to my child’s information?
The information you provide on the Consent Form is subject to strict confidentiality and privacy protections contained in NSW and Commonwealth legislation and will be disclosed to NSW (see the enclosed Privacy Statement). The information will be entered into NSW and Commonwealth registers to provide an electronic record of your child’s vaccinations and associated purposes.

Q. Where can I find more information about immunisation?
More information is available:
• by contacting your local public health unit on 1300 066 055 or visiting the NSW Health website at www.health.nsw.gov.au/meningococcalW
• on the National Centre for Immunisation Research and Surveillance website at www.ncIRS.edu.au
• in the Australian Immunisation Handbook at www.immunise.health.gov.au
• on the Therapeutic Goods Administration’s website at www.tga.gov.au
Consent for Meningococcal ACWY Vaccination

Parent/Guardian to complete. Please print in CAPITAL letters using a black or blue pen.

1. Student's Details
   Surname

   Given Name/s

   Date of Birth

   Name of School

   Medicare Number

   Number beside your child’s name on the Medicare card

2. Indigenous Status
   Yes, Aboriginal
   Yes, Torres Strait Islander
   Yes, both Aboriginal and Torres Strait Islander

3. Your Details – Parent or Legal Guardian
   Name of Parent/Guardian (e.g. JOHN SMITH)

   Home Address (e.g. 5 SMITH LANE)

   Suburb

   Postcode

   Mobile Number

   Best Alternate Number (include area code e.g. 02)

   Signature of Parent/Guardian

   Date

   I have read and understood the information provided regarding the benefits and the possible side effects of the Meningococcal ACWY vaccine.

   I hereby give consent for my child, named above, to receive a single dose of Meningococcal ACWY vaccine.

   I declare, to the best of my knowledge, that my child:

   1. Has not had an anaphylactic reaction following any vaccine.
   2. Does not have an anaphylactic sensitivity to any of the vaccine components listed in the enclosed Parent Information sheet.
   3. Is not pregnant.
## Meningococcal ACWY Record of Vaccination

### Parent/Guardian to complete

<table>
<thead>
<tr>
<th>Name of Student (e.g. JANE SMITH)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

### OFFICE USE ONLY

<table>
<thead>
<tr>
<th>Arm</th>
<th>Left</th>
<th>Time of Vaccination (24hr)</th>
<th>Vaccine Batch Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Nurse's Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Nurse's notes

- Reason not vaccinated
  - [ ] Absent
  - [ ] Refused
  - [ ] Unwell
  - [ ] No signature
  - [ ] Consent withdrawn
  - [ ] Other

### What to do after the vaccination

- Keep this record, as you may be required to provide this information later.
- Advise your local doctor of the date of this vaccination so that your child's records are kept up to date.

### What to do if a reaction occurs

- Put a cold damp cloth on the injection site to relieve tenderness.
- Take paracetamol for pain.
- Drink extra fluids.

If your child suffers a reaction that you are concerned about please contact your local doctor.
Privacy statement

Our obligations
We are committed to treating your personal information in accordance with privacy law.
This statement explains how and why we collect personal information about you and your child, how you can access your information and how your information may be used within the NSW public health service or disclosed to other parties. Your personal information includes personal details about you and your child and personal health information relating to your child’s immunisation.

Collection
Personal information is collected so that your child can be provided with the appropriate immunisation services.
Only information that is relevant and necessary for your child's immunisation and to manage immunisation services is collected.
Information is collected directly from you and your child, wherever possible. Information may need to be collected from your child’s school and other health professionals who have treated your child. In an emergency, information may also need to be collected from another family member, friend, carer or other person who can help us to provide your child with the best care.

Security of information collected
Personal information may be held in a variety of ways. Most commonly, information may be held as a paper medical record, and/ or an electronic medical record forming part of a secure computerised database. We follow strict rules and policies regarding the secure storage of personal information in all formats in order to protect your information from loss, unauthorised access and misuse.

Use and disclosure
Your personal information or that of your child may be used by the NSW public health service, or disclosed outside the health service, to enable appropriate care and treatment to be provided to you. For example, your information may be used or disclosed to your GP, to your child’s GP, to another treating health service or hospital, to the Ambulance Service of NSW, to a specialist for a referral, or for pathology tests. Personal information may also be used or disclosed for purposes relating to the operation of the NSW health service and the treatment of our patients, including funding, planning, safety, and quality improvement activities.
Privacy statement

Personal information must be disclosed to State and Commonwealth government agencies to comply with laws regarding the reporting of notifiable diseases, to provide Medicare details and immunisation statistics.

We may also use your personal information to contact you regarding client satisfaction surveys. Participation in these surveys is voluntary and non-participation does not affect the health care provided.

Access to your information
You are entitled to request access to your personal information held by us, and to that of your child. You may be charged a fee if you request copies of your personal information or medical record.

Further Information and contact us
For further information on how your personal information is managed, please see the NSW Health Privacy Manual for Health Information: www.health.nsw.gov.au/patients/privacy

If you have questions or a complaint about the privacy of your personal information, please contact your local Public Health Unit on 1300 066 055.