HUMAN PAPILLOMAVIRUS (HPV) VACCINE

Information For You And Your Child

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
- 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 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. Which vaccine will be used?
An HPV vaccine that protects against 9 types of HPV (6, 11, 16, 18, 31, 33, 45, 52 and 58) will be offered in a 2-dose course at least 6 months apart.

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 (listed below)
- have a history of anaphylaxis to yeast

Q. How effective is the vaccine?
The vaccine protects against high-risk HPV types that cause over 90% of cervical cancers in women and also protects against additional HPV types that cause cancers in men.
The latest research shows that the vaccine still offers close to 100% protection more than 10 years after it was given. As cervical cancer usually develops over 10 or more years, the role of the vaccine in reducing cervical cancer will not be evident for some time. However, there has been a 77% reduction in HPV types responsible for almost 75% of cervical cancer.

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
- Carefully read this information sheet.
- If you would like your child to be vaccinated against human papillomavirus (HPV), 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 HPV, do NOT complete or return the Consent Form.
**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. These vaccines can only be provided at school by you returning the original consent form while your child is in the Intensive English Centre or Year 7. If you choose to wait until your child is older you will need to make arrangements with your GP.

**Q. What additives does HPV vaccine contain?**
The vaccine contains 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. More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination. Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

**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.

**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 Australian Immunisation Register (AIR) for linkage to your child’s existing immunisation history.

**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/immunisation
- on the National Centre for Immunisation Research and Surveillance website at www.ncIRS.org.au
- on the Therapeutic Goods Administration’s website at www.tga.gov.au
# Consent for HPV Vaccination

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

## 1. Student's Details

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<th>Surname</th>
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- Number beside your child’s name on the Medicare card

## 2. Indigenous Status

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

## 3. Your Details - Parent or Legal Guardian

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.

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<thead>
<tr>
<th>Name of Parent/Guardian (e.g. JOHN SMITH)</th>
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If your child suffers a reaction that you are concerned about please contact your local doctor.

### 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.

- 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.

- Put a cold damp cloth on the injection site to relieve tenderness.
- Take paracetamol for pain.
- Drink extra fluids.
Nurse's notes
Reason not vaccinated
☐ Absent
☐ Refused
☐ Unwell
☐ No signature
☐ Consent withdrawn
☐ Other

OFFICE USE ONLY
Arm | Left | Time of Vaccination (24hr) | Vaccine Batch Number
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| Right | | |
Nurse's Signature | Date | |

HPV Record of Vaccination
Parent/Guardian HPV Record of Vaccination

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY
Arm | Left | Time of Vaccination (24hr) | Vaccine Batch Number
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Nurse's Signature | Date | |

HPV Record of Vaccination
Parent/Guardian HPV Record of Vaccination

Name of Student (e.g. JANE SMITH)

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| Right | | |
Nurse's Signature | Date | |

HPV Record of Vaccination
Parent/Guardian HPV Record of Vaccination

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY
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Nurse's Signature | Date | |
DIPHTHERIA, TETANUS AND PERTUSSIS (dTpa) VACCINE

Information For You And Your Child

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 can cause 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. Complications in infants include pneumonia, seizures and brain damage (hypoxic encephalopathy).

Q. How are diphtheria, tetanus and whooping cough spread?

**Diphtheria** bacteria can live in the mouth, nose, throat or skin on infected individuals. People can get diphtheria by breathing in the bacteria after an infected person has coughed or sneezed. People can also get diphtheria from close contact with discharges from an infected person’s mouth, nose, throat or skin.

**Tetanus** is caused by bacteria found in soil and infection may occur after major injuries or minor injuries (sometimes unnoticed punctures to the skin that are contaminated with soil, dust or manure).

**Whooping cough** is spread to other people by droplets from coughing or sneezing. Untreated, a person with whooping cough can spread it to other people for up to 3 weeks after the onset of cough.

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?

The vaccine is very effective in preventing diphtheria and tetanus and about 80% effective in preventing whooping cough.

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 (listed over the page)

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**

- Carefully read this information sheet.
- 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 if I prefer to wait until my child is older?
The dTpa vaccine can only be provided at school by you returning the signed consent form while your child is in an Intensive English Centre or in Year 7. If you choose to wait until your child is older you will need to make arrangements with your GP.

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 aluminium hydroxide and phosphate, traces of formaldehyde, polysorbate 80 and glycine and was exposed to bovine-derived materials during manufacture.

Q. What are the side effects of 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. More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination. Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

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.

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 Australian Immunisation Register (AIR) for linkage to your child’s existing immunisation history.

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.org.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

Gender

Grade

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 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

X
Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

Arm | Left | Time of Vaccination (24hr) | Vaccine Batch Number
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Nurse's Signature | Date
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|   |   |

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.
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 (aged 11 – 15 years of age) require 2 adult doses of vaccine to be protected against hepatitis B disease.

Q. Who should be vaccinated?
All students aged 11 - 15 years of age should receive 2 adult doses of hepatitis B vaccine unless they have already received a course of the vaccine as a baby/child.
Students aged 16 years and over should receive 3 paediatric doses of vaccine. The first 2 doses may be given at the school and then a letter will be provided to take to their GP for completion of the course.

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, may contain yeast proteins and was exposed to bovine-derived materials during manufacture.

Q. What are the side effects of hepatitis B 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. More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination. Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

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 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 6 weeks, 4 months, 6 months and 18 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 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.

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 Australian Immunisation Register (AIR) for linkage to your child’s existing immunisation history.

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.org.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.

**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.

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**1. Student’s Details**

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<td>Medicare Number</td>
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**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 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.

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<td>Signature of Parent/Guardian</td>
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**Sample**
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. 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 Year 10 in secondary schools, and those aged 15-19 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.

Q. Hasn’t my child already received the meningococcal ACWY vaccine?
The Meningococcal ACWY vaccine has been included on the National Immunisation Program for children aged 12 months of age since July 2018. 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 2015-2018 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 trometamol, sucrose and sodium chloride. 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, headache, dizziness or pain, swelling and redness at the injection site. Injection site reactions generally resolve within 2-3 days. Serious side effects are extremely rare. More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination.

Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

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. 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 (see the enclosed Privacy Statement). The information will be entered into a NSW Health immunisation register and then uploaded to the Australian Immunisation Register (AIR) for linkage to your child’s existing immunisation history.

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.org.au
- on the Therapeutic Goods Administration’s website at www.tga.gov.au
Consent for Meningococcal ACWY Vaccination

1. Student's Details

Surname

Given Name/s

Date of Birth

Gender

Grade

Name of School

Medicare Number

2. Indigenous Status

No

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 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.

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

Number beside your child’s name on the Medicare card

Parent/Guardian to complete. Please print in CAPITAL letters using a black or blue pen.
Meningococcal ACWY Record of Vaccination

Name of Student (e.g. JANE SMITH)

Parent/Guardian to complete

OFFICE USE ONLY

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

Nurse's Signature

Date

Reason not vaccinated

Absent
Refused
Unwell
No signature
Consent withdrawn
Other

Nurse's notes

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.
Q. What are measles, mumps and rubella?

**Measles** is a highly infectious virus causing fever, cough and a rash. Frequent complications include pneumonia (6%), diarrhoea (8%) and middle ear infections (9%). Brain inflammation occurs in about 1 in every 1,000 cases and 10-15% of these cases will die and many will have permanent brain damage.

**Mumps** is an infectious disease causing swollen neck glands and fever. Around 10% of infected people will develop inflammation of the membranes surrounding the brain and spinal cord (meningeal signs and symptoms) while 15-30% of males past puberty will develop inflammation of the testes (orchitis). Mumps infection during the first trimester may 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 90% of infants infected during the first trimester of pregnancy will have a major congenital abnormality, including intellectual disability, deafness, blindness or heart defects.

Q. How are measles, mumps and rubella spread?

These viruses are spread by coughing and sneezing. Measles is one of the most easily spread of all human infections. Just being in the same room as someone with measles can result in infection.

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?

MMR vaccine is very effective in providing protection against measles, mumps and rubella infection.

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 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?
More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination. Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

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. More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination. Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

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 school immunisation 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.

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 a NSW Health immunisation register and then uploaded to the Australian Immunisation Register (AIR) for linkage to your child’s existing immunisation history.

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.org.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 Name/s
   - Date of Birth
   - Name of School
   - Medicare Number
   - Indigenous Status
     - Number beside your child’s name on the Medicare card
     - Yes, Aboriginal
     - Yes, both Aboriginal and Torres Strait Islander
     - Yes, Torres Strait Islander
     - No
   - Gender
     - M
     - F
   - Grade

2. 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
   - Mobile Number
   - Best Alternate Number (include area code e.g. 02)
   - Suburb
   - Postcode

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 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.

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.

NSW GOVERNMENT

Sample
### MMR Record of Vaccination

#### DOSE 1

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<th>Arm</th>
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Nurse's Signature: [Signature]
Date: [Date]

#### DOSE 2

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

### Nurse's Notes

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

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### Parent/Guardian

Measles, Mumps and Rubella (MMR) Record of Vaccination

#### DOSE 1

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

#### DOSE 2

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

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### Office Use Only

- Name of Student (e.g. JANE SMITH)
- Parent/Guardian to complete
- Vaccine Batch Number
- Time of Vaccination (24hr)
POLIO 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
- Carefully read this information sheet.
- If you would like your child to be vaccinated against polio, 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 polio, do NOT complete or return the Consent Form.

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 (listed over the page)

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 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. The vaccine was exposed to bovine-derived materials during manufacture.

**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. More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination. Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

**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.

**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.

**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 Australian Immunisation Register (AIR) for linkage to your child’s existing immunisation history.

**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.org.au
- on the Therapeutic Goods Administration’s website at www.tga.gov.au
Consent for Polio Vaccination

**1. Student's Details**
- **Surname**
- **Given Name/s**
- **Date of Birth**
- **Name of School**
- **Gender**
- **Grade**
- **Medicare Number**
  - Number beside your child's name on the Medicare card

**2. Indigenous Status**
- 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)
- **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.

---

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.

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.
Polio 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

✓

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

Right Date

Nurse’s Signature

✓

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

Right Date

Nurse’s Signature

✓

OFFICE USE ONLY

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

Right Date

Nurse’s Signature

✓

Reason not vaccinated

☑ Absent

☑ Refused

☑ Unwell

☑ No signature

☑ Consent withdrawn

☑ Other

Sample
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
- Carefully read this information sheet.
- 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 4,000 cases will experience a sudden loss of muscle movement (acute cerebellar ataxia) while one in 100,000 will develop brain inflammation (encephalitis). Infection during pregnancy can result in congenital abnormalities in the baby, including skin scarring and limb defects.

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 (listed over the page)
• 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 sucrose, hydrolysed porcine 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. The vaccine was exposed to bovine-derived materials during manufacture.

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 redness, pain and swelling at the injection site or fever. Serious side effects are extremely rare. More information about side effects is available in the Consumer Medical Information (CMI) for the vaccine available from www.health.nsw.gov.au/schoolvaccination. Parents concerned about side effects after vaccination should contact their GP who should also make a report to the local public health unit.

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.

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 Australian Immunisation Register (AIR) for linkage to your child’s existing immunisation history.

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.org.au
- on the Therapeutic Goods Administration’s website at www.tga.gov.au

Female students who have received chickenpox vaccine should not become pregnant for 28 days after vaccination.
Consent for Varicella (Chickenpox) Vaccination

1. Student's Details

Surname

Given Name/s

Date of Birth

Gender

Grade

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

X
Varicella (Chickenpox) Record of Vaccination

Parent/Guardian to complete
Name of Student (e.g. JANE SMITH)

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.
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. HPV vaccination data will be uploaded to the Australian Immunisation Register (AIR) and linked to your child’s existing immunisation history, and included on future AIR Immunisation History Statements.

We may also use your personal information to contact you regarding client satisfaction surveys and to monitor vaccine safety. Participation 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.