

# Diphtheria, tetanus and pertussis (whooping cough) (dTpa) vaccine

## Parent Information Sheet

The Australian Government makes some vaccines for teenagers free under the National Immunisation Program (NIP).

### Q. What are diphtheria, tetanus and pertussis (whooping cough)?

**Diphtheria** is a bacterial infection that spreads easily and can cause breathing problems, skin sores, or inflammation of the heart muscle or nerves.

**Tetanus** is a dangerous disease caused by a bacterium. It affects the nerves and can cause painful muscle spasms, lockjaw, and other complications like pneumonia or broken bones (from the muscle spasms).

**Whooping cough** is a bacterial infection that causes severe coughing and trouble breathing. In babies, it can be life threatening. In older children and adults, the cough can last for months.

### Q. How do these diseases spread?

**Diphtheria** spreads through coughs, sneezes, or contact with discharges from an infected person's mouth, nose, or skin.

**Tetanus** is caused by bacteria in soil. It enters the body through cuts, scratches, or wounds contaminated with dirt, dust or manure.

**Whooping cough** spreads through droplets from coughing or sneezing. An untreated person can spread it for up to 3 weeks after their cough starts.

### Q. How do vaccines work?

Vaccines help your immune system fight infections. If a vaccinated person gets exposed to these infections, their immune system can fight it better, either preventing the disease developing or making it less severe.

### Q. How effective is the vaccine?

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

### Q. How many doses does my child need?

If your child has completed a course of 3 doses, your child needs one booster dose of the **dTpa vaccine** at 12-13 years to stay protected into early adulthood.

If your child has never had a diphtheria, tetanus, and pertussis vaccine, they will need 3 doses of a diphtheria-tetanus vaccine. At least one of the vaccine doses should also protect against whooping cough, with at least 4 weeks between doses.

### Q. Who should get this vaccine?

All teenagers should get one dose of the **dTpa vaccine** to protect against diphtheria, tetanus, and whooping cough.

This booster is important to keep their immunity strong after earlier childhood vaccines. If your child had a diphtheria-tetanus vaccine before, they can still get the dTpa vaccine to add protection against whooping cough.

### Q. Who should not get the vaccine?

Do not give the vaccine to anyone who:

- had a severe allergic reaction (anaphylaxis) to a previous dose
- had a severe allergic reaction to an ingredient in the vaccine.

### Q. Can pregnant people get the vaccine?

Yes. Pregnant people should get the vaccine between 20 and 32 weeks of every pregnancy, this can help protect the baby in its first few months.

If the person is being vaccinated at school or through the Intensive English Centre (IEC), then they will need to get vaccinated at the GP or pharmacy. On vaccination day, nurses will ask female students if they are or could be pregnant. If a student says yes, she will not be vaccinated. She will be advised to talk to her parent or doctor and will be given contact details for a support service.

**Q. How safe are vaccines?**

Vaccines in Australia are very safe. They must pass strict safety checks before approval by the Therapeutic Goods Administration (TGA). The TGA also monitors vaccine safety after use.

**Q. What is in the vaccine?**

The vaccine contains small amounts of:

- aluminium hydroxide and phosphate
- formaldehyde
- polysorbate 80
- glycine.

It was also exposed to bovine-derived materials during manufacturing.

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

Mild side effects are common and may include:

- redness, swelling, or pain where the shot was given
- fever.

Serious side effects are very rare.

For more information, check the Consumer Medicines Information (CMI) at [health.nsw.gov.au/schoolvaccination](http://health.nsw.gov.au/schoolvaccination). If you are concerned about side effects, contact your GP.

**Q. What is anaphylaxis?**

Anaphylaxis is a very rare but severe allergic reaction. It can cause unconsciousness or death if not treated quickly. Immunisation providers are trained to manage anaphylaxis.

**Q. What if a person had a reaction to an earlier vaccine?**

If the person did not have an immediate severe allergic reaction to a previous vaccine, it is safe for them to get the dTpa vaccine.

**Q. Who can give consent, and can it be withdrawn?**

Parents or guardians must give consent for students under 18. Students aged 18 and older can give their own consent by signing the Consent Form.

You can withdraw consent at any time by writing to the school or calling them.

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

The dTpa vaccine is only provided at school if you return the signed consent form while your child is in an Intensive English Centre or Year 7. If you wait, you must arrange vaccination with your GP or pharmacy.

**Q. What if my child missed the vaccine because they were sick or absent?**

If your child missed their vaccination at school, arrange a catch-up as soon as possible. Some schools offer catch-up clinics. If not, the school will provide a letter for your GP or pharmacist to complete the course.

**Q. How can I access a record of my child's vaccinations?**

Your child's vaccination record will be added to the Australian Immunisation Register (AIR).

Parents can request their child's Immunisation History Statement until the child turns 14. Students aged 14 and older can request their own record. You can access it:

- through your Medicare online account at [my.gov.au](https://my.gov.au)
- using the Medicare Express Plus App: [servicesaustralia.gov.au/express-plus-mobile-apps](https://servicesaustralia.gov.au/express-plus-mobile-apps)
- by calling the AIR General Enquiries Line at 1800 653 809.

**Q. What happens to my child's information?**

The information on the Consent Form is private and protected by law. It will be added to the NSW Health immunisation register and linked to the AIR so it can be viewed on MyGov.

**Q. Where can I find more information about school vaccination?**

You can find more details:

- on the NSW Health website: [health.nsw.gov.au/schoolvaccination](https://health.nsw.gov.au/schoolvaccination)
- by calling your local public health unit at 1300 066 055.

## Your next steps:

- If you want your child to get the diphtheria, tetanus and pertussis vaccine, complete and sign the Consent Form. Return it to the school with your child.
- If you do not want your child to get the vaccine, do not provide consent.

# Diphtheria, tetanus and pertussis (whooping cough)(dTpa) vaccine

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### What to do after the vaccination

- Keep this record, as you may be required to provide this information later.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

### What to do if a local reaction occurs at the injection site

- 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.
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### What to do if a local reaction occurs at the injection site

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### What to do after the vaccination

- Keep this record, as you may be required to provide this information later.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

### What to do if a local reaction occurs at the injection site

- 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.



240751-2

# 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

☐ M ☐ F

Indeterminate/  
Intersex/  
Unspecified

Grade

Name of School

Medicare Number

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 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 3 dose course 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 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

 /  / 

dTpa 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 : :

Nurse's Signature Date

2 0

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

☐ Right : :

Nurse's Signature Date

2 0

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

☐ Right : :

Nurse's Signature Date

2 0

Nurse's notes

Reason not vaccinated

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

Diphtheria, Tetanus and Pertussis (dTpa) Record of Vaccination DOSE 1

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right : :

Nurse's Signature Date

x

Diphtheria, Tetanus and Pertussis (dTpa) Record of Vaccination DOSE 2

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right : :

Nurse's Signature Date

x

Diphtheria, Tetanus and Pertussis (dTpa) Record of Vaccination DOSE 3

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right : :

Nurse's Signature Date

x

# Hepatitis B vaccine

## Parent Information Sheet

The Australian Government makes some vaccines free under the National Immunisation Program (NIP).

### Q. What is hepatitis B?

Hepatitis B is a virus that can cause fever, jaundice, and feeling unwell. It can lead to liver damage (cirrhosis) or liver cancer. Some people may not know they have hepatitis B and can spread it to others.

### Q. How does hepatitis B spread?

Hepatitis B spreads through:

- birth (from an infected mother to her baby)
- contact with open sores or wounds
- unsafe sex
- needle stick injuries
- tattooing or piercing with unclean equipment
- sharing needles.

### Q. How do vaccines work?

Vaccines help your immune system fight infections. If a vaccinated person gets exposed to these infections, their immune system can fight it better, either preventing the disease developing or making it less severe.

### Q. How effective is the hepatitis B vaccine?

The hepatitis B vaccine gives strong protection against the virus.

### Q. How many doses are needed?

- Children and teenagers aged 10-19 years need 3 child doses or;
- Children and teenagers aged 11-15 years can have 2 adult doses unless they had the vaccine as a baby or child.

### Q. Who should get the vaccine?

All children and teenagers who have not received the full course of the hepatitis B vaccine should be vaccinated.

### Q. Who should not get the vaccine?

Do not give the vaccine to someone who:

- has had a severe allergic reaction (anaphylaxis) to a previous dose or an ingredient in the vaccine
- is pregnant.

### Q. How safe are vaccines?

Vaccines in Australia are very safe. They must pass strict safety checks before approval by the Therapeutic Goods Administration (TGA). The TGA also monitors vaccine safety after use.

### Q. What is in the hepatitis B vaccine?

The vaccine contains:

- aluminium hydroxide to help it work
- yeast proteins (may be present)
- bovine-derived materials (may be present).

### Q. What are the side effects of the vaccine?

Side effects are usually mild and may include:

- pain, redness, or swelling where the shot was given.

Serious side effects are very rare.

For more information, check the Consumer Medicines Information (CMI) at [health.nsw.gov.au/schoolvaccination](http://health.nsw.gov.au/schoolvaccination). If you are worried about side effects, contact your GP.

### Q. What is anaphylaxis?

Anaphylaxis is a very rare but serious allergic reaction. It can cause unconsciousness or death if not treated quickly. Immunisation providers are trained to manage anaphylaxis.

### Q. What if I don't have records or can't remember if my child had the vaccine?

It is safe for your child to get another course of the hepatitis B vaccine.

**Q. Can pregnant students get the vaccine?**

No. Pregnant students should not get the vaccine.

On vaccination day, nurses will ask female students if they are or could be pregnant. If a student says yes, she will not be vaccinated. She will be advised to talk to her parent or doctor and will be given contact details for a support service.

**Q. Who can give consent, and can it be withdrawn?**

Parents or guardians must give consent for students under 18. Students aged 18 and older can give their own consent by signing the Consent Form.

You can withdraw consent at any time by writing to the school or calling them.

**Q. What if my child missed the vaccine because they were sick or absent?**

If your child missed their vaccination at school, arrange a catch-up as soon as possible. Some schools offer catch-up clinics. If not, the school will provide a letter for your GP or pharmacist to complete the course.

**Q. How can I access a record of my child's vaccinations?**

Your child's vaccination record will be added to the Australian Immunisation Register (AIR).

Parents can request their child's Immunisation History Statement until the child turns 14. Students aged 14 and older can request their own record. You can access it:

- through your Medicare online account at [my.gov.au](https://my.gov.au)
- using the Medicare Express Plus App: [servicesaustralia.gov.au/express-plus-mobile-apps](https://servicesaustralia.gov.au/express-plus-mobile-apps)
- by calling the AIR General Enquiries Line at 1800 653 809.

**Q. What happens to my child's information?**

The information on the Consent Form is private and protected by law. It will be added to the NSW Health immunisation register and linked to the AIR so it can be viewed on MyGov.

**Q. Where can I find more information about school vaccination?**

You can find more details:

- on the NSW Health website: [health.nsw.gov.au/schoolvaccination](https://health.nsw.gov.au/schoolvaccination)
- by calling your local public health unit at 1300 066 055.

## Your next steps:

- If you want your child to get the hepatitis B vaccine, complete and sign the Consent Form. Return it to the school with your child.
- If you do not want your child to get the vaccine, do not provide consent.



# Consent for Hepatitis B 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

☐ M ☐ F

Indeterminate/  
Intersex/  
Unspecified

Grade

Name of School

Medicare Number

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 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 2 to 3 doses of the hepatitis B vaccine.

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

- Has not had an anaphylactic reaction following any vaccine.
- Does not have an anaphylactic sensitivity to any of the vaccine components listed in the enclosed parent information sheet.
- 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.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

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.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

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.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

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



## What to do if a local reaction occurs at the injection site

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

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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 : :

Nurse's Signature Date

2 0

DOSE 1

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

☐ Right : :

Nurse's Signature Date

2 0

DOSE 2

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

☐ Right : :

Nurse's Signature Date

2 0

DOSE 3

Nurse's notes

Reason not vaccinated

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

Hepatitis B Record of Vaccination

DOSE 1

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right : :

Nurse's Signature Date

DOSE 1

Hepatitis B Record of Vaccination

DOSE 2

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right : :

Nurse's Signature Date

DOSE 2

Hepatitis B Record of Vaccination

DOSE 3

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right : :

Nurse's Signature Date

DOSE 3

# Human papillomavirus (HPV) vaccine

## Parent Information Sheet

The Australian Government makes some vaccines for teenagers free under the National Immunisation Program (NIP).

### Q. What is HPV, and how is it spread?

HPV (human papillomavirus) is a common virus that affects men and women. It spreads through genital contact during sex with someone who has the virus. The virus enters through tiny breaks in the skin and does not spread through blood or other body fluids. Condoms give limited protection because they don't cover all the genital skin.

Not all HPV types cause symptoms. Many people with HPV do not know they have it.

Some HPV types cause warts on the body, including the genitals (vulva, vagina, cervix, penis, scrotum, anus, and perineum). Warts are usually painless but may itch or feel uncomfortable. These types are called "low-risk" because they do not cause cancer.

Other HPV types, called "high-risk," can cause abnormal cells to grow. These cells can turn into cancer if not treated.

High-risk HPV causes:

- almost all cervical cancers
- 90% of anal cancers
- 78% of vaginal cancers
- 60% of throat cancers
- 25% of vulva cancers
- 50% of penile cancers.

Vaccinating males prevents cancers and warts in males and helps protect females from cervical cancer.

### Q. How do vaccines work?

Vaccines help your immune system fight infections. If a vaccinated person gets exposed to these infections, their immune system can fight it better, either preventing the disease developing or making it less severe.

### Q. Which vaccine will be used?

The HPV vaccine protects against 9 types of HPV: 6, 11, 16, 18, 31, 33, 45, 52, and 58.

### Q. How many doses of the HPV vaccine are needed?

Research shows one dose of the HPV vaccine gives the same protection as two doses. Based on this, Australia now uses a one-dose schedule.

Some adolescents with weak immune systems need three doses. They should get the second dose 2 months after the first, and the third dose 4 months after the second.

People with weak immune systems include those with:

- immune system disorders
- HIV
- cancer
- organ transplants
- autoimmune diseases
- strong immunosuppressive therapy (but not spleen issues).

### Q. What if my child already had one dose?

If your child already had one dose, they do not need a second. They are fully vaccinated.

Vaccinated women still need regular cervical screening (formerly Pap smears). The HPV vaccine does not protect against all types of HPV. Women aged 25+ should have a Cervical Screening Test every 5 years, even if vaccinated.

### Q. Who should get the HPV vaccine?

All Year 7 students or children 12 years and older should get one dose of the HPV vaccine.

**Q. Who should not get the HPV vaccine?**

The HPV vaccine should not be given to people who:

- are pregnant or think they might be pregnant
- had a severe allergic reaction (anaphylaxis) to a previous HPV vaccine or its ingredients
- are allergic to yeast.

**Q. How effective is the HPV vaccine?**

The HPV vaccine protects against high-risk HPV types that cause over 90% of cervical cancers in women. It also protects against other HPV types that cause cancers in men.

Studies show the vaccine offers nearly 100% protection even 10+ years after vaccination. Since the vaccine program started, there have been:

- 50% fewer high-grade cervical abnormalities in vaccinated age groups
- 90% fewer cases of genital warts in young people under 21.

Cervical cancer develops over 10+ years, so the vaccine's full effect on cervical cancer rates will take time to show. The rate of cervical cancer has already dropped significantly due to the National Cervical Screening Program (started in 1991) and the HPV vaccine program (started in 2007).

**Q. What is in the HPV vaccine?**

The HPV vaccine contains yeast, aluminium adjuvant, sodium chloride, L-histidine, polysorbate, and sodium borate. These are included in tiny amounts to help the vaccine work or preserve it.

**Q. How safe are vaccines?**

Vaccines used in Australia are safe. They must pass strict safety tests before approval by the Therapeutic Goods Administration (TGA). The TGA also monitors vaccine safety after use.

**Q. What are the side effects of the HPV vaccine?**

Side effects are commonly mild, such as pain, swelling, or redness where the shot was given. These usually go away in a few days. Serious side effects are very rare.

For more information about side effects, check the Consumer Medicines Information (CMI) at [health.nsw.gov.au/schoolvaccination](http://health.nsw.gov.au/schoolvaccination).

If you are worried about side effects, contact your GP. They can also report side effects to the local public health unit.

**Q. What is anaphylaxis?**

Anaphylaxis is a severe allergic reaction that can cause unconsciousness or death if not treated quickly. It is very rare after vaccination. Vaccine providers are trained to treat anaphylaxis if it happens.

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

HPV vaccination works best when given before a child becomes sexually active. Vaccines can only be given at school if you return the signed consent form while your child is still in school. If you wait, you will need to arrange vaccination with a GP or pharmacist.

**Q. Will my daughter still need cervical screening?**

Yes. Vaccinated women still need regular cervical screening (formerly Pap smears). The HPV vaccine does not protect against all types of HPV that can cause cervical cancer.

Women aged 25 and older, who have ever been sexually active, should have a Cervical Screening Test every 5 years, even if vaccinated.

**Q. Who can give consent for vaccination? Can it be withdrawn?**

Parents or guardians must give consent for students under 18. Students aged 18 and over can give their own consent by completing and signing the Consent Form where it says 'Parent/Guardian.'

You can withdraw consent at any time. To do this, send a written note to the school or call the school to let them know.

**Q. Should a pregnant student get the HPV vaccine?**

No. A student who is pregnant or thinks she might be should not get the vaccine.

On vaccination day, nurses will ask female students if they are or might be pregnant. If the student says yes, she will not be vaccinated. She will be advised to talk with her parent or guardian and see a doctor. The student will also receive contact details for a support service.

**Q. What if my child missed the vaccine due to illness or absence?**

If your child missed their HPV vaccine at school, arrange a catch-up vaccination as soon as possible. Some schools will offer catch-up clinics. Otherwise, contact your GP or pharmacist to schedule the vaccine.

**Q. How can I get a record of my child's vaccinations?**

Your child's vaccination record will be added to the Australian Immunisation Register (AIR).

Parents can request a copy of the Immunisation History Statement for children under 14. Students aged 14 and over can request their own record. You can access it:

- through your Medicare online account at [my.gov.au](https://my.gov.au)
- using the Medicare Express Plus App: [servicesaustralia.gov.au/express-plus-medicare-mobile-app](https://servicesaustralia.gov.au/express-plus-medicare-mobile-app)
- by calling the AIR General Enquiries Line at 1800 653 809.

**Q. What happens to my child's information?**

The information you provide on the Consent Form is kept private under NSW and Commonwealth laws. It will be added to the NSW Health immunisation register and the Australian Immunisation Register (AIR).

For female students, signing the Consent Form also means you agree to link your child's vaccination record to the National Cervical Screening Program Register in the future.

**Q. Where can I find more information about school vaccination?**

You can find more details:

- on the NSW Health website: [health.nsw.gov.au/schoolvaccination](https://health.nsw.gov.au/schoolvaccination)
- by calling your local public health unit at 1300 066 055.

## Your next steps:

- If you want your child to get the HPV vaccine, complete and sign the Consent Form. Return it to the school with your child.
- If you do not want your child to get the vaccine, do not provide consent.


# Human papillomavirus (HPV) vaccine Parent Information Sheet

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HPV Record of Vaccination

 Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

Arm

☐ Left

☐ Right

Time of Vaccination (24hr)

:

Vaccine Batch Number

Nurse's Signature

Date

/

2


0

Nurse's notes

Reason not vaccinated

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

Parent/Guardian HPV Record of Vaccination

 Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

Arm

☐ Left

☐ Right

Time of Vaccination (24hr)

:

Vaccine Batch Number

Nurse's Signature

Date

/



# Meningococcal ACWY vaccination

## Parent Information Sheet

The Australian Government makes some vaccines free under the National Immunisation Program (NIP).

### Q. What is meningococcal disease?

Meningococcal disease is a rare but serious infection. It usually causes meningitis (inflammation of the brain and spinal cord) and/or sepsis.

Symptoms may include:

- sudden fever
- headache
- stiff neck
- joint pain
- red-purple rash or bruises
- sensitivity to bright lights
- nausea and vomiting

Up to 10% of meningococcal infections can be fatal, even with appropriate antibiotic treatment. 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 nose and throat. This generally requires close and long contact with a person carrying the bacteria who is usually completely well. An example of 'close and long contact' is living in the same household or deep kissing. Meningococcal bacteria do not spread easily and do not live long outside the body.

### Q. How do vaccines work?

Vaccines help your immune system fight infections. If a vaccinated person gets exposed to these infections, their immune system can fight it better, either preventing the disease developing or making it less severe.

### Q. How effective is the meningococcal ACWY vaccine?

One dose of the meningococcal ACWY vaccine is very effective against four types of meningococcal disease (types A, C, W and Y). It does not protect against type B disease.

### Q. Who should get this vaccine?

All Year 10 students in secondary schools and/or those aged 15-19 should get this vaccine to protect against meningococcal types A, C, W, and Y.

### Q. Who should not get this vaccine?

Meningococcal ACWY vaccine should not be given to people who:

- are or may be pregnant
- have had anaphylaxis following a previous dose of meningococcal vaccine
- have had anaphylaxis following any of the vaccine additives
- have known hypersensitivity to tetanus toxoid.

### Q. What is anaphylaxis?

Anaphylaxis is a severe allergic reaction that can cause unconsciousness or death if not treated quickly. It is very rare after vaccines. Immunisation providers are trained to treat anaphylaxis.

### Q. How safe are vaccines?

Vaccines in Australia are very safe. They must pass strict safety checks before the Therapeutic Goods Administration (TGA) approves them. The TGA also monitors vaccines after they are used.

### Q. What is in the meningococcal ACWY vaccine?

The vaccine may contain trometamol, sucrose, sodium chloride, sodium acetate, and water. These ingredients are added in tiny amounts to help the vaccine work or preserve it.

### Q. Hasn't my child already received the meningococcal ACWY vaccine? Is it safe to get it again?

The meningococcal ACWY vaccine has been offered to children aged 12 months since July 2018. Your child may have had a meningococcal C vaccine before. That vaccine only protects against meningococcal C disease.

In some countries, a booster shot for adolescents is recommended. This ACWY vaccine provides protection against meningococcal C, as well as A, W, and Y.

Some adolescents with certain health conditions (such as no spleen or immune deficiency) might have already had this vaccine. If so, please check with your GP or specialist to see if your child needs another dose.

**Q. Who else should get this vaccine?**

This vaccine is recommended for:

- people traveling to areas with a high risk of meningococcal disease, such as the Hajj
- certain workers, like microbiology lab staff
- people with medical conditions, such as those without a spleen.

**Q. What are the side effects of the meningococcal ACWY vaccine?**

Side effects are usually mild. They may include:

- fever
- headache
- dizziness
- pain, redness, or swelling where the shot was given.

These side effects typically go away within 2–3 days. Serious side effects are very rare.

For more details about side effects, visit [health.nsw.gov.au/schoolvaccination](https://health.nsw.gov.au/schoolvaccination) and check the Consumer Medicines Information (CMI).

If you are worried about side effects, contact your GP. They can also report any concerns to the local public health unit.

**Q. How can I get a record of my child's vaccinations?**

Your child's vaccination details will be added to the Australian Immunisation Register (AIR).

Parents can get a copy of their child's Immunisation History Statement until the child turns 14. Students aged 14 and older can get their own record. You can access it:

- through your Medicare online account at [my.gov.au](https://my.gov.au)
- using the Medicare Express Plus App at [servicesaustralia.gov.au/express-plus-mobile-apps](https://servicesaustralia.gov.au/express-plus-mobile-apps)
- by calling the AIR General Enquiries Line at 1800 653 809.

**Q. Who can give consent for vaccination, and can it be withdrawn?**

Parents or guardians must give consent for students under 18. Students aged 18 or older can give their own consent. They should fill out and sign the Consent Form where it says 'Parent/Guardian.'

You can withdraw consent at any time. To do this, send a written note to the school or call the school to let them know.

**Q. Can a pregnant student get the vaccine?**

No. A student who is pregnant or thinks she might be should not get the vaccine.

On the vaccination day, nurses will ask female students if they are or might be pregnant. If a student says yes, she will not get the vaccine. She will be told to talk to her parent or guardian and see a doctor. She will also get contact details for a health support service.

**Q. What if my child missed the vaccine because they were sick or absent?**

If your child missed their vaccination at school, arrange a catch-up as soon as possible. Some schools will offer catch-up clinics. If not, contact your GP or pharmacist to arrange the vaccination.

**Q. What happens to my child's information?**

The information on the Consent Form is kept private under NSW and Commonwealth laws. It will be added to the NSW Health immunisation register and the Australian Immunisation Register (AIR). This helps link it to your child's immunisation history, which can be viewed on MyGov.

**Q. Where can I find more information about school vaccination?**

You can find more details:

- on the NSW Health website: [health.nsw.gov.au/schoolvaccination](https://health.nsw.gov.au/schoolvaccination)
- by calling your local public health unit at 1300 066 055

## Your next steps:

- If you want your child to get the meningococcal vaccine, complete and sign the Consent Form. Return it to the school with your child.
- If you do not want your child to get the vaccine, do not provide consent.

# Meningococcal ACWY vaccination

October 2024 © NSW Health. SHPN (HP NSW) 241051-1



Consent for Meningococcal ACWY Vaccination



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

1. Student's Details (these details must match the details shown on the Medicare card)

Surname

Given Name/s

Child's Australian Address (e.g. 5 SMITH LANE)

Suburb Postcode

Date of Birth Gender Indeterminate/ Intersex/Unspecified Grade

Name of School

Medicare Number

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 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.

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


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

Email Address

Signature of Parent/Guardian Date



# Meningococcal ACWY Record of Vaccination

 **Parent/Guardian to complete** (these details must match the details shown on the Medicare card)

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

## OFFICE USE ONLY

Arm

☐ Left

Time of Vaccination (24hr)

☐ Right

:

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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

# Parent/Guardian Meningococcal ACWY Record of Vaccination

## Meningococcal ACWY Record of Vaccination

 **Parent/Guardian to complete**

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

## OFFICE USE ONLY

Arm

☐ Left

Time of Vaccination (24hr)

☐ Right

:

☐

☐

Vaccine Batch Number

☐

☐

☐

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Nurse's Signature

Date

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## What to do after the vaccination

- Keep this record, as you may be required to provide this information later.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

## What to do if a local reaction occurs at the injection site

- 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.**



# Measles, mumps and rubella (MMR) vaccine

## Parent Information Sheet

The Australian Government makes some vaccines free under the National Immunisation Program (NIP).

### Q. What are measles, mumps and rubella?

**Measles** is a highly contagious virus that causes fever, cough, and a rash. It can lead to serious complications like pneumonia, brain swelling and permanent brain damage. Rarely measles can be fatal.

**Mumps** is a contagious viral infection that causes swollen neck glands and fever. In about 10% of cases, it can lead to brain inflammation. In 15–30% of males past puberty, it can cause swollen and painful testes. Infection during early pregnancy may cause miscarriage.

**Rubella (German Measles)** is a virus that causes rash, fever, and swollen glands. If a pregnant woman gets rubella, her baby can develop serious birth defects, such as hearing loss, blindness, intellectual disability, or heart problems.

### Q. How do measles, mumps and rubella spread?

These viruses spread through coughs and sneezes. Measles is especially contagious. Being in the same room as an infected person can spread the virus.

### Q. How do vaccines work?

Vaccines help the immune system fight infections. If a vaccinated person is exposed to the virus, their body can fight the illness better or make it less severe.

### Q. How effective is the MMR vaccine?

The MMR vaccine is very effective at protecting against measles, mumps, and rubella.

### Q. How many doses are needed?

Two doses of the MMR vaccine unless they have already had two doses in the past.

### Q. Who should not get the vaccine?

Do not give the MMR vaccine to people who:

- had a severe allergic reaction (anaphylaxis) to a previous dose or an ingredient in the vaccine
- are pregnant (pregnancy should also be avoided for 28 days after vaccination)
- had a live vaccine (like chickenpox, BCG, or yellow fever) in the past 4 weeks
- had a blood transfusion or immunoglobulin injection in the past year
- have a weak immune system, including:
  - people with HIV/AIDS
  - people taking high doses of oral corticosteroids
  - people on strong immunosuppressive treatments, radiation, or x-ray therapy
  - people with certain cancers like lymphoma, leukaemia, or Hodgkin's disease.

**Q. What is in the MMR vaccine?**

The vaccine contains small amounts of lactose, neomycin, sorbitol, and mannitol. These ingredients help the vaccine work or preserve it.

**Q. How safe are vaccines?**

Vaccines in Australia are very safe. They must pass strict safety checks before approval by the Therapeutic Goods Administration (TGA). The TGA also monitors vaccine safety after use.

**Q. What are the side effects of the MMR vaccine?**

The MMR vaccine is safe and well-tolerated. Common side effects are mild and may include:

- feeling unwell
- fever
- a non-infectious rash (may appear 5–12 days after vaccination).

Rare side effects may include:

- temporary swollen lymph nodes
- joint pain
- increased risk of bruising or bleeding.

Serious side effects like anaphylaxis are extremely rare.

For more information, check the Consumer Medical Information (CMI) at [health.nsw.gov.au/schoolvaccination](http://health.nsw.gov.au/schoolvaccination). If you are concerned about side effects, contact your GP.

**Q. What is anaphylaxis?**

Anaphylaxis is a very rare but severe allergic reaction. It can cause unconsciousness or death if not treated quickly. Immunisation providers are trained to manage anaphylaxis.



**Q. Can pregnant students get the vaccine?**

No. Pregnant students should not get the vaccine.

On vaccination day, nurses will ask female students if they are or could be pregnant. If a student says yes, she will not be vaccinated. She will be advised to talk to her parent or doctor and will be given contact details for a support service.

Female students who receive the MMR vaccine should not become pregnant for 28 days after vaccination.

**Q. Who can give consent, and can it be withdrawn?**

Parents or guardians must give consent for students under 18. Students aged 18 and older can give their own consent by signing the Consent Form.

You can withdraw consent at any time by writing to the school or calling them.

**Q. What if my child missed the vaccine because they were sick or absent?**

If your child missed their vaccination at school, arrange a catch-up as soon as possible. Some schools offer catch-up clinics. If not, contact your GP or pharmacist to arrange the vaccination.

**Q. How can I access a record of my child's vaccinations?**

Your child's vaccination record will be added to the Australian Immunisation Register (AIR).

Parents can request their child's Immunisation History Statement until the child turns 14. Students aged 14 and older can request their own record. You can access it:

- through your Medicare online account at [my.gov.au](https://my.gov.au)
- using the Medicare Express Plus App: [servicesaustralia.gov.au/express-plus-medicare-mobile-app](https://servicesaustralia.gov.au/express-plus-medicare-mobile-app)
- by calling the AIR General Enquiries Line at 1800 653 809.

**Q. What happens to my child's information?**

The information on the Consent Form is private and protected by law. It will be added to the NSW Health immunisation register and linked to the AIR so it can be viewed on MyGov.

**Q. Where can I find more information about school vaccination?**

You can find more details:

- on the NSW Health website: [health.nsw.gov.au/schoolvaccination](https://health.nsw.gov.au/schoolvaccination)
- by calling your local public health unit at 1300 066 055.

## Your next steps:

- If you want your child to get the Measles, mumps and rubella (MMR) vaccine, complete and sign the Consent Form. Return it to the school with your child.
- If you do not want your child to get the vaccine, do not provide consent.

# Measles, mumps and rubella (MMR) vaccine

November 2024 © NSW Health. SHPN (HP NSW) 240754-1.





### What to do after the vaccination

- Keep this record, as you may be required to provide this information later.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

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

### What to do if a local reaction occurs at the injection site

- 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.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

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

### What to do if a local reaction occurs at the injection site

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

# Consent for Measles, Mumps and Rubella (MMR) 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

 /  / **20** 

Gender

☐ M ☐ F

Indeterminate/  
Intersex/  
Unspecified

Grade

Name of School

Medicare Number

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 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 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

 /  / **20**

MMR 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  :

Nurse's Signature Date

/  2 0

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

☐ Right  :

Nurse's Signature Date

/

Nurse's notes


Reason not vaccinated

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

Parent/Guardian Measles, Mumps and Rubella (MMR) Record of Vaccination

MMR Record of Vaccination

DOSE 1

 Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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


☐ Right  :

Nurse's Signature Date

/  2 0

MMR Record of Vaccination

DOSE 2

 Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right  :

Nurse's Signature Date

/  2 0

# Polio vaccine

## Parent Information Sheet

The Australian Government makes some vaccines free under the National Immunisation Program (NIP).

### Q. What is polio?

Polio is a viral infection that can cause paralysis and death. Most people with polio have no symptoms. About 10% may have fever, headache, tiredness, nausea, and vomiting, but they usually recover.

In about 2% of cases, the virus causes severe muscle pain and stiffness in the back or neck. Less than 1% develop paralysis, which can affect the arms, legs, neck, or breathing muscles.

### Q. How does polio spread?

Polio spreads through contact with tiny amounts of faeces or saliva from an infected person. This can happen if hands are not washed properly.

The virus enters through the nose or mouth, infects the gut, and can spread to the blood and nervous system. People with polio are most contagious 10 days before symptoms until 10 days after symptoms appear.

### Q. How do vaccines work?

Vaccines help the immune system fight infections. If a vaccinated person is exposed to the virus, their body can fight the illness better or make it less severe.

### Q. How effective is the polio vaccine?

A full course of the polio vaccine (3 doses) is 99% effective at preventing the disease.

### Q. Who should get the vaccine?

Adolescents who have not had all 3 doses of the polio vaccine should be vaccinated.

### Q. Who should not get the vaccine?

Do not give the vaccine to people who:

- had a severe allergic reaction (anaphylaxis) to a previous dose
- had a severe allergic reaction to an ingredient in the vaccine.

### Q. What is anaphylaxis?

Anaphylaxis is a very rare but severe allergic reaction. It can cause unconsciousness or death if not treated quickly. Immunisation providers are trained to manage anaphylaxis.

### Q. What if I don't know if my child has had the polio vaccine?

If you don't have records, your child can still be safely vaccinated.

### Q. What is in the polio vaccine?

The vaccine contains small amounts of:

- phenoxyethanol, formaldehyde, and polysorbate 80
- neomycin, streptomycin, and polymyxin B
- bovine serum albumin.

These ingredients help the vaccine work or preserve it. It was also exposed to bovine-derived materials during manufacturing.

### Q. How safe are vaccines?

Vaccines in Australia are very safe. They must pass strict safety checks before approval by the Therapeutic Goods Administration (TGA). The TGA also monitors vaccine safety after use.

### Q. What are the side effects of the polio vaccine?

Side effects are usually mild and may include:

- redness, pain, or swelling where the shot was given
- fever.

Serious side effects are extremely rare.

For more information, check the Consumer Medicine Information (CMI) at [health.nsw.gov.au/schoolvaccination](http://health.nsw.gov.au/schoolvaccination). If you are concerned about side effects, contact your GP.

**Q. Can pregnant students get the vaccine?**

No. Pregnant students should not get the vaccine.

On vaccination day, nurses will ask female students if they are or could be pregnant. If a student says yes, she will not be vaccinated. She will be advised to talk to her parent or doctor and will be given contact details for a support service.

**Q. Who can give consent, and can it be withdrawn?**

Parents or guardians must give consent for students under 18. Students aged 18 and older can give their own consent by signing the Consent Form.

You can withdraw consent at any time by writing to the school or calling them.

**Q. What if my child missed the vaccine because they were sick or absent?**

If your child missed their vaccination at school, arrange a catch-up as soon as possible. Some schools offer catch-up clinics. If not, contact your GP or pharmacist to arrange the vaccination.

**Q. How can I access a record of my child's vaccinations?**

Your child's vaccination record will be added to the Australian Immunisation Register (AIR).

Parents can request their child's Immunisation History Statement until the child turns 14. Students aged 14 and older can request their own record. You can access it:

- through your Medicare online account at [my.gov.au](https://my.gov.au)
- using the Medicare Express Plus App: [servicesaustralia.gov.au/express-plus-medicare-mobile-app](https://servicesaustralia.gov.au/express-plus-medicare-mobile-app)
- by calling the AIR General Enquiries Line at 1800 653 809.

**Q. What happens to my child's information?**

The information on the Consent Form is private and protected by law. It will be added to the NSW Health immunisation register and linked to the AIR so it can be viewed on MyGov.

**Q. Where can I find more information about school vaccination?**

You can find more details:

- on the NSW Health website: [health.nsw.gov.au/schoolvaccination](https://health.nsw.gov.au/schoolvaccination)
- by calling your local public health unit at 1300 066 055.

## Your next steps:

- If you want your child to get the polio vaccine, complete and sign the Consent Form. Return it to the school with your child.
- If you do not want your child to get the vaccine, do not provide consent.

# Consent for Polio 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

☐ M ☐ F

Indeterminate/  
Intersex/  
Unspecified

Grade

Name of School

Medicare Number

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 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 3 dose course of polio vaccine.

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

- Has not had an anaphylactic reaction following any vaccine.
- Does not have an anaphylactic sensitivity to any of the vaccine components listed in the enclosed parent information sheet.
- 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.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

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.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

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.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

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



## What to do if a local reaction occurs at the injection site

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

## What to do if a local reaction occurs at the injection site

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

## What to do if a local reaction occurs at the injection site

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

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 : :

Nurse's Signature Date

2 0

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

☐ Right : :

Nurse's Signature Date

2 0

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

☐ Right : :

Nurse's Signature Date

2 0

Nurse's notes

Reason not vaccinated

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

Polio Record of Vaccination

DOSE 1

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right : :

Nurse's Signature Date

x

Polio Record of Vaccination

DOSE 2

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right : :

Nurse's Signature Date

x

Polio Record of Vaccination

DOSE 3

Parent/Guardian to complete

Name of Student (e.g. JANE SMITH)

OFFICE USE ONLY

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

☐ Right : :

Nurse's Signature Date

x



# Varicella (chickenpox) vaccine

## Parent Information Sheet

The Australian Government makes some vaccines free under the National Immunisation Program (NIP).

### Q. What is chickenpox?

Chickenpox is a very contagious illness caused by the varicella-zoster virus. It usually causes mild symptoms in healthy children, such as:

- a slight fever
- a runny nose
- feeling unwell
- a rash that turns into blisters.

Chickenpox can be more serious in adults or people with weak immune systems. In rare cases it can cause:

- loss of muscle movement (1 in 4,000 cases)
- brain inflammation (1 in 100,000 cases).

If a pregnant woman gets chickenpox, her baby may be born early or could have birth defects like scars or issues with their arms and legs.

### Q. How does chickenpox spread?

- Early in the illness, chickenpox spreads through coughing.
- Later, it spreads through contact with fluid from the blisters.

People with chickenpox can spread the virus:

- 1–2 days before the rash appears (during the runny nose phase)
- up to 5 days after the rash appears (until blisters form crusts).

### Q. How do vaccines work?

Vaccines help your immune system fight infections. If a vaccinated person gets exposed to these infections, their immune system can fight it better, either preventing the disease developing or making it less severe.

### Q. How effective is the chickenpox vaccine?

One dose of the vaccine prevents chickenpox in 80–85% of cases and is very effective against severe illness.

### Q. Who should get the vaccine?

- Children under 14 need one dose of the chickenpox vaccine unless they were already vaccinated (usually at 18 months) or had chickenpox.
- Children aged 14 and older need two doses, 1–2 months apart.

### Q. Who should not get the vaccine?

Do not give the vaccine to people who:

- had a severe allergic reaction (anaphylaxis) to a previous dose or an ingredient in the vaccine
- are pregnant (avoid pregnancy for 28 days after vaccination)
- had a blood transfusion or immunoglobulin injection in the past 12 months
- had a live vaccine (e.g., MMR, BCG, or yellow fever) in the past 4 weeks
- have a weak immune system, including:
  - people with HIV/AIDS
  - people receiving chemotherapy, radiation, or high-dose corticosteroids
  - people with severe immune problems like lymphoma or leukaemia.

### Q. What is anaphylaxis?

Anaphylaxis is a very rare but severe allergic reaction. It can cause unconsciousness or death if not treated quickly. Immunisation providers are trained to manage anaphylaxis.

**Q. What if I don't know if my child had chickenpox or the vaccine?**

If you are unsure, your child can still safely get the chickenpox vaccine.

**Q. What is in the chickenpox vaccine?**

The vaccine contains small amounts of:

- sucrose, gelatin, urea, and monosodium glutamate
- components of MRC-5 cells (used in vaccine production)
- traces of neomycin and bovine serum.

These ingredients help the vaccine work or preserve it. It was also exposed to bovine-derived materials during manufacturing.

**Q. How safe are vaccines?**

Vaccines in Australia are very safe. They must pass strict safety checks before approval by the Therapeutic Goods Administration (TGA). The TGA also monitors vaccine safety after use.

**Q. What are the side effects of the chickenpox vaccine?**

Side effects are usually mild and may include:

- redness, pain, or swelling where the shot was given
- fever.

Serious side effects are very rare. For more information, check the Consumer Medicine Information (CMI) at [health.nsw.gov.au/schoolvaccination](http://health.nsw.gov.au/schoolvaccination). If you are concerned about side effects, contact your GP.

**Q. Can pregnant students get the vaccine?**

No. Pregnant students should not get the vaccine.

On vaccination day, nurses will ask female students if they are or could be pregnant. If a student says yes, she will not be vaccinated. She will be advised to talk to her parent or doctor and will be given contact details for a support service.

Female students who receive the chickenpox vaccine should not become pregnant for 28 days after vaccination.

**Q. Who can give consent, and can it be withdrawn?**

Parents or guardians must give consent for students under 18. Students aged 18 and older can give their own consent by signing the Consent Form.

You can withdraw consent at any time by writing to the school or calling them.

**Q. What if my child missed the vaccine because they were sick or absent?**

If your child missed their vaccination at school, arrange a catch-up as soon as possible. Some schools offer catch-up clinics. If not, the school will provide a letter for your GP or pharmacist to complete the course.

**Q. How can I access a record of my child's vaccinations?**

Your child's vaccination record will be added to the Australian Immunisation Register (AIR).

Parents can request their child's Immunisation History Statement until the child turns 14. Students aged

14 and older can request their own record. You can access it:

- through your Medicare online account at [my.gov.au](https://my.gov.au)
- using the Medicare Express Plus App: [servicesaustralia.gov.au/express-plus-mobile-apps](https://servicesaustralia.gov.au/express-plus-mobile-apps)
- by calling the AIR General Enquiries Line at 1800 653 809.

**Q. What happens to my child's information?**

The information on the Consent Form is private and protected by law. It will be added to the NSW Health immunisation register and linked to the AIR so it can be viewed on MyGov.

**Q. Where can I find more information about school vaccination?**

You can find more details:

- on the NSW Health website: [health.nsw.gov.au/schoolvaccination](https://health.nsw.gov.au/schoolvaccination)
- by calling your local public health unit at 1300 066 055.

Your next steps:

- If you want your child to get the varicella vaccine, complete and sign the Consent Form. Return it to the school with your child.
- If you do not want your child to get the vaccine, do not provide consent.

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# Varicella (chickenpox) vaccine

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## What to do after the vaccination

- Keep this record, as you may be required to provide this information later.
- Information about your child's vaccinations will automatically be uploaded to the Australian Immunisation Register (AIR). You may wish to update your GP regarding the vaccination date.

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

## What to do if a local reaction occurs at the injection site

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



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240756-2

# Consent for Varicella (Chickenpox) 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

 /  /  2 0

Gender

☐ M ☐ F

Indeterminate/  
Intersex/  
Unspecified

Grade

Name of School

Medicare Number

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 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 course of Varicella vaccine.

Students 14 years of age and older require two doses of chickenpox 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

 /  / 2 0

Varicella (Chickenpox)  
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

DOSE 1

☐ Right

:

Nurse's Signature

Date

/

2

0

Arm ☐ Left

Time of Vaccination (24hr)

Vaccine Batch Number

DOSE 2

☐ Right

:

Nurse's Signature

Date

/

2

0

Nurse's notes

Reason not vaccinated

☐ Absent

☐ Refused

☐ Unwell


☐ No signature

☐ Consent withdrawn

☐ Other

Parent/Guardian Varicella (Chickenpox) Record of Vaccination

Varicella (Chickenpox) Record of Vaccination DOSE 1

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

OFFICE USE ONLY

Arm ☐ Left

Time of Vaccination (24hr)

Vaccine Batch Number

DOSE 1

☐ Right

:

Nurse's Signature

Date

/

Arm ☐ Left

Time of Vaccination (24hr)

Vaccine Batch Number

DOSE 2

☐ Right


:

Nurse's Signature

Date

/

Varicella (Chickenpox) Record of Vaccination DOSE 2

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

OFFICE USE ONLY

Arm ☐ Left

Time of Vaccination (24hr)

Vaccine Batch Number

DOSE 2

☐ Right

:

Nurse's Signature

Date

/

Arm ☐ Left

Time of Vaccination (24hr)

Vaccine Batch Number

DOSE 1

☐ Right

:

Nurse's Signature

Date

/