

# Meningococcal ACWY Vaccination

## Vaccination Consent card – Year 10



Please return this card to your child's school – print clearly using a black or blue pen

### Student details

School	Class
Surname	
Given name/s	
Date of birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Medicare number	Ref no. beside your child's name on the Medicare card
Is your child	
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander (TSI)
<input type="checkbox"/> Not Aboriginal or TSI	<input type="checkbox"/> Not stated/unknown
Language spoken at home <input type="checkbox"/> English <input type="checkbox"/> Other _____ <i>please specify</i>	
Address	
Postcode	

### Parent / legal guardian / authorised person details

Name of parent/legal guardian/authorised person
Mobile
Other phone number
Email
Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Authorised person (attach <i>Authority to care</i> )
Is your address the same as your child <input type="checkbox"/> Yes <input type="checkbox"/> No If NO please record your address
Address
Postcode

### Pre-vaccination checklist *(tick all that apply)*

- My child
- has previously had a reaction to a vaccine
  - has severe allergies
  - faints when given an injection
  - has recently received any vaccines
  - is pregnant

If you have ticked any box above, please give details: \_\_\_\_\_

Note: you may be contacted for further information.

### Consent statement

*I have read and understood the information given to me about meningococcal ACWY vaccination, including risks and side effects. I have been given the opportunity to discuss the risks and benefits of vaccination with my doctor or by telephoning 13 HEALTH (13 43 25 84). I am authorised as the parent, legal guardian or authorised person of this child to give consent for the child to be vaccinated. I understand that consent can be withdrawn at any time before vaccination by making a written request to the school immunisation provider. I understand vaccination details will be recorded on the Australian Immunisation Register (AIR) and used by Queensland Health and the school immunisation provider for recall, reminders, clinic follow up; or disease prevention, control and monitoring; or as otherwise authorised by or required by law.*

### Please sign and date the YES to consent to receive the vaccine

On the basis of the above consent statement,

**YES** I hereby give consent for my child to receive a single dose of meningococcal ACWY vaccine.

**Parent/legal guardian/authorised person**

Signature \_\_\_\_\_

Date / / 20

Office use only: consent checked

DO NOT DETACH

DO NOT DETACH

If you have completed the “Yes to consent” section you do not need to complete this section. Proceed to the Record of vaccination over page.



## Meningococcal ACWY Vaccination

### NO to Vaccination

If you wish to decline the meningococcal ACWY vaccination, please complete the information below, sign and return to your child's school.

School
Student's Name
Date of Birth / / 20
Gender <input type="checkbox"/> Female <input type="checkbox"/> Male

**NO**, I do not give consent for my child to receive a single dose of meningococcal ACWY vaccine.

I have planned my child's vaccination with my family doctor  Yes  No

My child has already received a meningococcal ACWY vaccination  Yes  No

Other \_\_\_\_\_

Signature \_\_\_\_\_ Date / / 20

Parent/legal guardian/authorised person (attach *Authority to care*)

Office use only:

PID no.

Grid for PID number

Record of vaccination

Name of Student

Surname

Grid for Surname

Given Names

Grid for Given Names

OFFICE USE ONLY

Vaccine	Date of vaccination (dd/mm/yyyy)	Time of vaccination (24hr)	Arm	Batch number	Vaccinator's signature/stamp
<b>Meningococcal ACWY Dose 1</b> Pre-vaccination assessment <input type="checkbox"/>	/ / 20	: :	<input type="checkbox"/> L <input type="checkbox"/> R		
	<input type="checkbox"/> Absent <input type="checkbox"/> Refused <input type="checkbox"/> Unwell <input type="checkbox"/> Consent withdrawn <input type="checkbox"/> AEFI <input type="checkbox"/> Other				

Date	Vaccinator notes