

Queensland School Immunisation Program

Vaccination Consent card – Year 10



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

Student details

School	Class
Surname	
Given name/s	
Date of birth	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Medicare number <i>(must be completed)</i>	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"/> Aboriginal & TSI
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 recently received a vaccine/s
- faints when given an injection is pregnant
- has severe allergies

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 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 I understand that consent can be withdrawn at any time before vaccination by making a written request to the school immunisation provider.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 EACH vaccine you wish your child to receive:

Meningococcal ACWY vaccine

On the basis of the above consent statement,

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

Parent/legal guardian/authorised person

Signature _____

Date / / 20

Office use only: consent checked

Meningococcal B vaccine

On the basis of the above consent statement,

YES I hereby give consent for my child to receive 2 doses of the meningococcal B vaccine.

Dose 1 Dose 2

Parent/legal guardian/authorised person

Signature _____

Date / / 20

Office use only: consent checked Dose 1 Dose 2

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.



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No to vaccination

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

Student's Name _____

Date of Birth / / 20 Female Male Other

School _____

Meningococcal ACWY vaccine

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

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

Other _____

Signature _____ Date / / 20

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

Meningococcal B vaccine

NO, I do not give consent for my child to receive 2 doses of meningococcal B vaccine.

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

Other _____

Signature _____ Date / / 20

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

