



TEAR OFF AND RETURN THIS SECTION TO SCHOOL  
DO NOT PHOTOCOPY THIS SECTION

URN

Office Use Only



ACT  
Government  
Health



CANBERRA HOSPITAL  
AND HEALTH SERVICES

# Year 10 ACT School Immunisation Program 2018

## Consent Card for Meningococcal ACWY Vaccination

**PLEASE READ THE INFORMATION PROVIDED BEFORE COMPLETING THE CONSENT FORM.**

**PLEASE COMPLETE SECTIONS A, B & C OF THIS FORM AND RETURN TO SCHOOL.**

**IT IS IMPORTANT THAT ALL CARDS ARE RETURNED TO SCHOOL EVEN IF THE STUDENT IS NOT BEING VACCINATED.**

This assists in monitoring the level of protection your community has against these diseases.

### OFFICE USE ONLY

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PLEASE PRINT CLEARLY IN **BLACK INK**

### Section A - Student Details

Family Name:.....

Given Name(s):.....

Date of Birth: ...../...../..... Age:.....

Is your child of Aboriginal or Torres Strait Islander origin?

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

Male  Female

Postal Address:.....

..... Postcode:.....

**Medicare Number Required for Australian Immunisation Register**

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Ref no. next to student's name

Name of School:.....

Class & Year:.....

### Contact Details of Person Completing Form

Family Name:.....

Given Name(s):.....

I have legal parental responsibility of this child as:

- Parent  Legal Guardian

Best Daytime Contact Phone Number(s): 1.....

2.....

### Section B - Pre-Vaccination Checklist

**If you are not consenting to vaccination, please go to Section C. Prior to administering the vaccine, the nurse will ask the student if this information needs to be updated.**

Please tick the appropriate box(es) if the student:

- |   |  |
|---|--|
| <input type="checkbox"/> has ever fainted when given an injection   | <input type="checkbox"/> has had an injection of immunoglobulin or received any blood products or had a whole blood transfusion in the past year |
| <input type="checkbox"/> has a disease which lowers immunity or lives with someone who has lowered immunity (e.g. leukaemia, cancer, HIV/AIDS)                  | <input type="checkbox"/> has any severe allergies  |
| <input type="checkbox"/> is having treatment which lowers immunity (e.g. oral steroid medications such as cortisone and prednisone, radiotherapy, chemotherapy) | <input type="checkbox"/> has a Severe Allergy/Anaphylaxis Care Plan  |
| <input type="checkbox"/> has received a vaccine in the last 4 weeks   | <input type="checkbox"/> has previously had a reaction to a vaccine  |
|   | <input type="checkbox"/> is pregnant   |
|   | <input type="checkbox"/> has a medical condition (e.g. epilepsy, asthma, diabetes, including previous Guillain-Barre syndrome)                   |

If you have ticked any box above, please describe: .....

### Parent/Legal Guardians please read the following before completing Section C consent form overleaf

I have read and understood the information given to me on the Year 10 Parent/Guardian Information Sheet regarding immunisation including the risk of the vaccination and the risk of not being vaccinated against Meningococcal ACWY. I understand that I can contact my School Immunisation Program provider or the Health Protection Service, Immunisation Unit, to discuss these risks and benefits. I understand that I can withdraw consent at any time before vaccination takes place. I understand the immunisation provider will upload the vaccination details for all students to the Australian Immunisation Register. Further information can be found at <https://www.humanservices.gov.au/individuals/services/medicare/australian-immunisation-register>. Vaccination information may be shared with your child's treating team e.g. GP. If you require any further information please contact the Health Protection Service, Immunisation Unit on 62052300.

**Please Turn Over** ▶

# Section C - Parent/Legal Guardian to complete one of the boxes below

## Meningococcal ACWY vaccine

One dose of Meningococcal ACWY is required.

**Yes I consent.**

I have read the information sheet and consent for this student to receive a single dose of the Meningococcal ACWY vaccine.

**Signature of Parent/Legal Guardian:**  
..... **Date:**...../...../.....

**No I do not consent.**

After reading the information provided I do not wish to have this student immunised with the Meningococcal ACWY vaccine at this time.

**Or**

This student has **already received** this vaccine and therefore does not need the Meningococcal ACWY vaccine.

**Signature of Parent/Legal Guardian:**  
..... **Date:**...../...../.....

## OFFICE USE ONLY

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**Meningococcal ACWY** AIR   
Date: ..... Site:  Left Arm  Right Arm  
Batch Number: ..... Given By: .....  
.....



## Year 10 ACT School Immunisation Program 2018

### Parent/Guardian Information Sheet for the Meningococcal ACWY Vaccination.

Nurses providing the FREE ACT Health School Immunisation Program will be visiting your child's school soon.

**Please read the information provided before completing the Consent Card.**

**Tear off and keep this Parent/Guardian Information Sheet for future reference.**

**It is important that you complete the Consent Card accompanying this Information Sheet and return it to the school even if you DO NOT consent for the student to be vaccinated.**

#### Are vaccines safe?

- Vaccines are administered by an injection to the upper arm.
- For most people vaccines are safe and do not cause serious adverse reactions.
- Before a vaccine or any medication can be used in Australia, it must be licensed by the Therapeutic Goods Administration (TGA). The TGA makes sure that each vaccine is assessed for safety and effectiveness based on scientific evidence (clinical trials) before it is available to the community.
- Vaccines and all reported side effects continue to be assessed and monitored by independent medical experts.
- Most vaccines can cause mild reactions. These are usually short lasting, and do not require special treatment.
- As with any medication, very rarely an individual may experience a severe allergic reaction. The school immunisation nurse is trained to recognise and manage any immediate severe reactions which generally occur within the first 15 minutes after receiving a vaccine. All students are monitored closely for 15 minutes after their vaccination.
- All serious or unexpected reactions should be reported to the Health Protection Service, Immunisation Unit, who can provide you with information and advice on future vaccinations and discuss any concerns you may have.

If you have any questions about this information, please contact the Health Protection Service, Immunisation Unit on **02 6205 2300**.

**Important:** It may take some weeks before the school immunisation providers visit the school to vaccinate the students. **It is your responsibility to advise the School Health Team (6205 2086) prior to or on the day of immunisation of any change in the information on the Consent Card and in particular, the student's medical condition.**

#### What if a student whose parent/legal guardian has consented for vaccination is absent, unwell or refuses the vaccination?

- After the School Immunisation Team have visited your child's school you will receive a letter advising you of the missed vaccine.
- The vaccine will be available from your GP.
- These vaccines remain FREE for Year 10 students up until the 31st December 2018.

#### What if a student is not taking part in the school immunisation program?

- You will be able to access these vaccines FREE from your GP.

#### It is advisable to inform your doctor of any updates to the student's vaccination status.

#### Where can I get more information?

Health Protection Service, Immunisation Unit:  
Monday to Friday: 9am - 4.30pm  
Phone: 02 6205 2300 Website: [www.health.act.gov.au](http://www.health.act.gov.au)

School Immunisation Program - 6205 2086

[www.health.act.gov.au/immunisation](http://www.health.act.gov.au/immunisation) - click on High School Immunisation Program

For more information on the 'No Jab, No Pay' Commonwealth Government Policy see [www.health.act.gov.au/immunisation](http://www.health.act.gov.au/immunisation) and click on the related links.



**If English is not your first language** and you require the Translating and Interpreting Service (TIS) - Please call 13 14 50.

# Year 10 - ACT School Immunisation Program 2018

Parent/Guardian Information Sheet for the Meningococcal ACWY Vaccine.

## Meningococcal ACWY

Meningococcal disease is a rare but severe infection that occurs when meningococcal bacteria invade the body from the throat or nose and enters the bloodstream.

**Spread by** prolonged household or intimate contact, for example kissing, with healthy individuals who carry the meningococcal bacteria in their nose or throat.

**Symptoms include** fever, headache, vomiting, stiff neck or sore muscles, sometimes followed by a red or purple rash.

**Complications** include meningitis (an infection of the membrane covering the brain), septicaemia (an infection of the blood), pneumonia, arthritis and permanent brain damage. The disease can progress very quickly and can lead to death or permanent disability.

### **Meningococcal ACWY vaccine**

is the best protection against meningococcal disease. This meningococcal ACWY vaccine provides protection against four strains of meningococcal disease (A, C, W and Y).

- Studies have shown that the effectiveness of the meningococcal ACWY vaccine is between 80 and 85 percent in young people.
- It does not contain any live bacteria and cannot cause meningococcal disease.

**Common side effects** of the meningococcal ACWY vaccine are minor and quickly disappear. These may include localised pain, redness and swelling at the injection site, tiredness, headache, fever, nausea, rash, and reduced appetite.