

Meningococcal ACWY Vaccination

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	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Medicare number <small>(must be completed)</small>	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 <small>(attach <i>Authority to care</i>)</small>
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 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 I understand that consent can be withdrawn at any time before vaccination by making a written request to the school immunisation provider.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

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.

Student's Name _____

Date of Birth / / 20 _____

School Name _____

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

Other _____

Signature _____ Date / / 20 _____

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

DO NOT DETACH

