

# Meningococcal ACWY

## VACCINATION CONSENT FORM

PLEASE COMPLETE IN BLUE OR BLACK PEN  
EVEN IF THE STUDENT IS NOT BEING VACCINATED

 For free help to fill in the forms, call LINC on 1300 00 2610

### STUDENT DETAILS

FAMILY NAME  FIRST NAME

ADDRESS

POSTCODE  DATE OF BIRTH / /  SEX  FEMALE  MALE

SCHOOL  CLASS

MEDICARE NUMBER             NUMBER BESIDE STUDENT'S NAME ON MEDICARE CARD

Is this student of Aboriginal or Torres Strait Islander origin?

NO  YES, Aboriginal  YES, Torres Strait Islander  YES, both Aboriginal and Torres Strait Islander

### PARENT/GUARDIAN DETAILS

RELATIONSHIP TO STUDENT

FAMILY NAME  FIRST NAME

POSTAL ADDRESS  POST CODE

EMAIL

DAYTIME PHONE NUMBER  MOBILE

YES

**I do give consent for the student named above to be vaccinated at school with the meningococcal ACWY vaccine.**

Vaccination details will be forwarded to the Australian Immunisation register.

Please complete this section and sign below:

**PRE-VACCINATION CHECKLIST**

Has the student had a severe reaction following any vaccine?

YES  NO

If you ticked yes above or if you think there may be any reason the student should not have this vaccination, please discuss this with your family doctor.

If you answered yes to above question, please provide details:

I have read and understood the information given to me about meningococcal ACWY vaccination, including benefits, risks and side-effects.

X

PARENT / GUARDIAN / STUDENT SIGNATURE\*    DATE / /

\*PLEASE CIRCLE ONE AND SEE FAQ FOR DETAILS ON WHO CAN SIGN THE CONSENT FORM

NO

**I do not give consent for the student named above to be vaccinated at school with meningococcal ACWY vaccine.**

Please complete this section and sign below:

The student's vaccination will be done with the family doctor

YES  NO

The student has recently had a meningococcal ACWY vaccine

YES  NO

DATE GIVEN / /

Other reason, please give details:

I have read and understood the information given to me about meningococcal ACWY vaccination, including benefits, risks and side-effects.

X

PARENT / GUARDIAN / STUDENT SIGNATURE\*    DATE / /

\*PLEASE CIRCLE ONE AND SEE FAQ FOR DETAILS ON WHO CAN SIGN THE CONSENT FORM

## PRIVACY STATEMENT

The information you provide on this consent form will be used by the State and Australian Governments to monitor and evaluate immunisation programs. Your contact details might be used by the local council to send a reminder about the program. The data will be kept confidential and this student's personal information will only be used or disclosed in accord with legal requirements. You can access this student's immunisation record by contacting your immunisation provider.



## COUNCIL USE ONLY

### REASON STUDENT NOT VACCINATED

#### DATE

/  /   Absent  Unwell  Declined  Previous recent vaccination (e.g. GP) \_\_\_\_\_

/  /   Absent  Unwell  Declined  Previous recent vaccination (e.g. GP) \_\_\_\_\_

## COUNCIL USE ONLY

### PRE-IMMUNISATION CHECKLIST FOR THE DOCTOR/NURSE IMMUNISER TO ASK STUDENTS ON THE DAY OF VACCINATION

#### Meningococcal ACWY

Are you well today?

YES  NO

Is it possible that you may be pregnant?

YES  NO

DATE DOSE GIVEN

BATCH NUMBER

SITE  LA  RA

PROVIDER'S SIGNATURE

NOTES