



Please complete and **return this form** to school, even if you decide not to immunise your child at school. It is a legal requirement to give consent to receive the vaccine and authorise release of information as discussed below.

Influenza (flu) vaccination

In the Northern Territory, **all people of Aboriginal and Torres Strait Islander descent aged 6 months and over are eligible to receive an influenza (flu) vaccination every year.**

If your child can't be vaccinated at school or misses out because of illness or absence, you can visit a health clinic for the missed vaccines.

Information and Consent for Vaccination

■ What is influenza (flu)?

Influenza or flu is a respiratory infection which spreads from person to person through the air and on your hands. If you get the flu you may get a high fever, bad cough, joint pains, body aches, have difficulty breathing and feel really tired. Most people only get sick for a week but some people get sicker and need to go to hospital. The flu can cause pneumonia or bronchitis, and can make some existing illnesses worse. Some people can die from the flu.

■ Can influenza (flu) be prevented?

Yes, flu can be prevented by vaccination. The flu needle protects you from four different types of flu. Because the flu changes all the time and the vaccine wears out, it is recommended to get a flu needle every year.

■ How is the vaccine given?

The vaccine is given as an injection (needle) into a muscle in the upper arm.

■ What about side effects?

The flu vaccine is a safe and effective vaccine. It does not contain any live virus, so people can not catch the flu from having the vaccine. Common side effects of the vaccine include pain, redness and swelling at the injection site for 1-2 days, mild fever and muscle pains. Putting a cool wet cloth on the injection site and giving paracetamol (Panadol®) helps to relieve pain and lower the temperature. Severe allergic reactions are rare.

Student Details

Student First Name: _____ Student Last Name: _____

Other Legal Names (if applicable): _____

Sex: Male Female

Date of Birth: ____/____/____

Community: _____

Medicare No:

Non-Aboriginal Aboriginal Aboriginal and Torres Strait Islander Torres Strait Islander

School: _____ Class/Year: _____

Any severe reactions to previous vaccinations No Yes List

Pre-Vaccination Checklist

Your consent is required before your child can be immunised at school. Your child should not be immunised if any of the following apply:

- They are known to have had a severe reaction to any vaccine; or part of a vaccine
- They have a fever of 38.5°C or above on the day of immunisation

Consent for Vaccination Consent for Vaccination - For Parent / Guardian to complete

I consent for my child to receive: **the Influenza (Flu) vaccine**

and the information being recorded*. *Tick one box only.*

YES

NO

Parent / Guardian Name: _____ Daytime phone contact: _____

Parent / Guardian Signature: _____ Date: _____

Privacy Information

*The information on this form will be recorded on the Australian Immunisation Register (AIR) and immunisation records can be accessed through MyGov. All personal information collected and disclosed to AIR by the Department of Health (NT) will be handled in accordance with the Information Act 2002 (the Act) including the requirements set by the Information Privacy Provisions (IPPS) at schedule 2 of the Act. The Department of Health takes all reasonable steps to ensure the information we collect is stored securely, protecting it from misuse, loss, unauthorized access, modification or disclosure. All information disclosed to AIR(Cth) is subject to the Australian Immunisation Register Act 2015 and the Privacy Act 1988 (Cth). For further information please contact 08 8999 2880 or email: infoprivacyhealth.ths@nt.gov.au

Office use only

Vaccine Dose	Date Given	Batch Number	Site		Vaccinator Name
Influenza # 1			Left	Right	

Reason **not** vaccinated: Absent Refused Unwell No consent Missed dose letter sent _____

For further information regarding the School Vaccination Program please contact: Darwin **8922 8315** or Regional Centres: Katherine **8973 9049**; Alice Springs **8951 7549**; Nhulunbuy **8987 0357**; Tennant Creek **8962 4259** or visit www.hpvvaccine.org.au.