

Influenza Vaccine

Child Immunisation Consent Form

Child's Details:

Medicare Number

Leave blank if you don't have a Medicare card.

*

*Include the reference number in front of your name.

Surname:

First name:

*Official name on Medicare

Date of birth: / /

Gender: Male / Female / Other

Postal Address:

Suburb:

Postcode:

Phone:

Email:

School:

Class:

Are you of Aboriginal or Torres Strait Islander origin?

☐ No

☐ Yes, Aboriginal

☐ Yes, Torres Strait Islander

☐ Yes, both A&TSI

Has your child previously been vaccinated against influenza?

☐ No

☐ Yes

Did they experience any problems after receiving the influenza vaccine?

☐ No

☐ Yes, please describe:

Do they have any pre-existing medical conditions, severe allergies or severe reactions to vaccination?

☐ No

☐ Yes, please describe:

Student vaccination plan (Select one)

☐ My child can be vaccinated at school. **[GREEN]**

☐ I have concerns that my child may not cope and would like to discuss a school vaccination plan. On the basis that immunisation nurse will contact me to discuss a plan before vaccination day, I am completing consent for vaccination. Consent can be changed after speaking to immunisation nurse. **[ORANGE]**

☐ My child will not be able to receive the vaccine/s at school. **[RED]**

Vaccine consent

Declaration: I have read and understand the information given to me about vaccination, including contraindications, risks and side effects. I understand that I am giving consent for influenza vaccine(s) to be administered to the above child. I have been given the opportunity to discuss the risks and benefits of vaccination with an immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place. I am authorised to give consent for the above child to be vaccinated. I understand that it is recommended that all people who receive the influenza vaccine remain at the immunisation venue for 15 minutes.

Please mark your chosen response:

☐ **Yes**, I consent to my child receiving the influenza vaccine(s). I understand that children under the age of 9 years old who are receiving the influenza vaccine for the first time require 2 doses at least 1 month apart.

☐ **No**, I do not consent to my child receiving the influenza vaccine at this time.

Name of parent/guardian:

Office use only

Parent/guardian signature:

1st Dose Date:

2nd Dose Date:

Date signed:

Nurse initials:

LA / RA

Privacy Statement

Personal and health information is being collected by the City of Boroondara for the purpose of receiving an Influenza vaccination. The information will be used by Council for that primary purpose or a directly related purpose and shall be disclosed to relevant Council staff and medical practitioners administering the vaccination. It will not otherwise be used or disclosed unless that use or disclosure is permitted or required by law. You may apply for access and/or amendment of the information by writing to Council's Privacy Officer. Local councils report vaccines administered to the Australian Immunisation Register (AIR). Individuals have access to all vaccines recorded on the AIR. If you wish to access or amend this record, contact the Council's Immunisation team.

Influenza Vaccine

Influenza (flu) is caused by a highly contagious virus that is spread by contact with fluids from coughs and sneezes. Every year, the flu causes widespread illness in the community. Immunisation against the flu is recommended for everyone aged 6 months and over.

Influenza viruses change frequently so the influenza vaccine is updated every year. Having an influenza vaccine every year in autumn is recommended. Protection develops about two weeks after having the vaccine. There are different brands of influenza vaccine but they protect against the same strains of influenza each year.

You cannot have the influenza vaccine if you:

- Are unwell on the day of immunisation with a temperature over 38.5°C
- Have had a severe reaction to any vaccine.
- Are allergic to any component of the vaccine.
- Have a history of Guillain-Barre Syndrome (GBS)

Possible side effects

The Influenza vaccine cannot give you Influenza because it does not contain any live virus.

Some people who have had the vaccine may still catch the 'flu' but they will usually get a milder case than those who were not vaccinated. Common side effects of the flu vaccine include:

- drowsiness or tiredness
- muscle aches
- localised pain, redness and swelling at the injection site.
- occasionally, an injection-site lump (nodule) that may last many weeks but needs no treatment.
- low-grade temperature (fever).

If mild reaction does occur, they may last one to two days. The side effects can be reduced by:

- Placing a cold wet cloth on the sore injection site
- Drinking extra fluids and not overdressing if there is a fever.
- Taking paracetamol to lower fever

Extremely rare side effects

- Severe allergic reaction (anaphylaxis)

If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.