

Consent form for: Human papillomavirus (HPV) vaccine consent and Diphtheria-tetanus-whooping cough booster vaccine

Student details

Medicare number (including number beside child's name)		
Surname		
First name		
Postal address		
Suburb		Postcode:
Date of birth		
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
School name		
Class		

Is this person of Aboriginal or Torres Strait Islander origin? Mark chosen response with an 'X'

No	Aboriginal
Aboriginal and Torres Strait Islander	Torres Strait Islander

Parent or guardian contact details

Name of parent or guardian		
Daytime phone		Mobile:
Email		

Vaccine consent

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated and by giving consent, I understand my child will be given separate vaccines for diphtheria-tetanus-whooping cough, and human papillomavirus. I have read and I understand the information given to me about vaccination, including the risks of not being vaccinated and the side effects of vaccines. I understand I can discuss the risks and benefits of vaccination with my local council or doctor. I understand that consent can be withdrawn at any time before vaccination takes place.

Human papillomavirus (HPV) vaccine

Please mark your chosen response, below, with an 'X'.

YES, I consent to my child receiving two doses of HPV vaccine at school (two injections, six months apart).	
If you have selected 'Yes' above, please sign and print your name.	Sign:
	Print:
Date you signed this form.	
No, I do not consent to my child receiving the HPV vaccine at this time.	
No, my child has had the HPV vaccine elsewhere.	
If your child has had the HPV vaccine elsewhere please type the dates of each dose	

1st dose:		2nd dose:		3rd dose: (if applicable)	
-----------	--	-----------	--	------------------------------	--

Diphtheria-tetanus-whooping cough booster vaccine

Please mark your chosen response, below, with an 'X'.

YES, I consent to my child receiving the diphtheria-tetanus-whooping cough booster vaccine at school (one injection).		
If you have selected 'Yes' above, please print and sign your name.	Print:	
	Sign:	
Date you signed this form.		
No, I do not consent to my child receiving the diphtheria-tetanus-whooping cough booster vaccine at this time.		
No, my child has had the diphtheria-tetanus-whooping cough booster vaccine elsewhere.		

If your child is being vaccinated, please type here any pre-existing medical condition, severe allergies or previous severe reaction to vaccination.
--

Privacy statement

The Year 7 Secondary School Vaccine Program is funded by the Australian and Victorian governments and delivered by local councils. Under the *Public Health and Wellbeing Act 2008*, local councils are responsible for coordinating and providing immunisation services to children being educated within the municipal district.

Local councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the *Privacy and Data Protection Act 2014* and the *Health Records Act 2001*.

Local councils report vaccines given through school programs to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. These details are for the purpose of providing targeted improved health services for all Victorian children. In addition the details enable tools such as recall and reminder systems to improve vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the AIR. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Year 7 Secondary School Vaccine Program. This information does not identify any individual.

Information related to you or your child will be used or disclosed for purposes directly related to your child's immunisation, and in ways that you would reasonably expect. This may include the transfer or exchange of relevant information to your GP, to your child's GP, to another treating health service or hospital or another local council. The local council may provide you with information related to the school vaccine program via SMS or email. You can access your child's data by contacting the local council where your child attends school.

Office use only

Vaccine	Vaccination date	Nurse initials	Site: L/R arm
HPV 1st dose:			
HPV 2nd dose:			
Vaccine	Vaccination date	Nurse initials	Site: L/R arm
Diphtheria-tetanus-whooping cough			

Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne. © State of Victoria, Department of Health and Human Services, January 2019. (1710008)