

Dear Parents/guardians,

Mornington Peninsula Shire immunisation service will be attending Mornington Secondary on 26th May to administer the 2025 secondary school immunisation program.

To get started you need to provide yes/no consent for Immunisations.

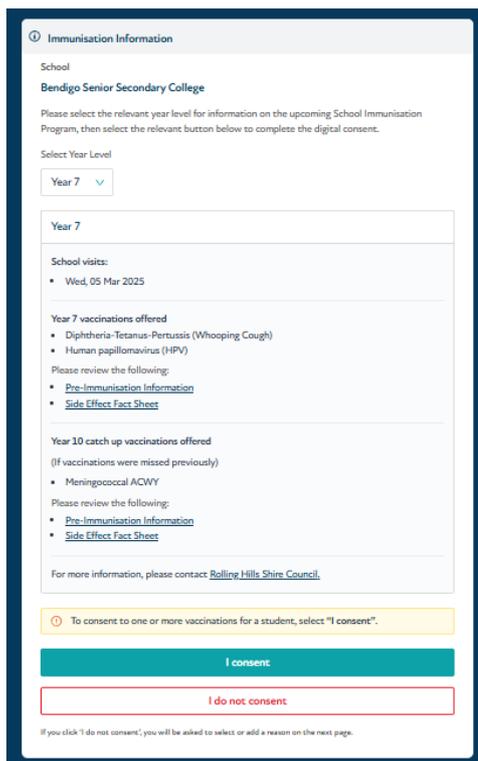
Please click the following link

<https://mornpen.book.vitavo.com.au/school/MorningtonSecondaryCollege-o8JgvZ>

and input your child/ren's Year level you are consenting for.

Then select one of the following options:

- I consent
- I do not consent



The screenshot shows a web form titled "Immunisation Information" for Bendigo Senior Secondary College. It prompts the user to select a year level (Year 7 is selected) and provides details about school visits (Wed, 05 Mar 2025) and vaccinations offered for Year 7 (Diphtheria-Tetanus-Pertussis (Whooping Cough) and Human papillomavirus (HPV)) and Year 10 catch up vaccinations (Meningococcal ACWY). It includes links for "Pre-Immunisation Information" and "Side Effect Fact Sheets". At the bottom, there are two buttons: "I consent" (green) and "I do not consent" (red). A note states: "To consent to one or more vaccinations for a student, select 'I consent'." A small note at the very bottom says: "If you click 'I do not consent', you will be asked to select or add a reason on the next page."

When you click 'I consent' you will need to create a profile for your child and yourself, the parent profile is a small simplified version.

If you choose I do not consent you will be asked for some further information.

Contact the Mornington Peninsula Shire

📞 1300 850 600
🌐 mornpen.vic.gov.au
✉ customerservice@mornpen.vic.gov.au

By post: Private Bag 1000,
90 Besgrove Street, Rosebud VIC 3939
ABN: 53 159 890 143

Please complete form

I do not consent

Please Select Your Reason For Not Consenting To Vaccination:

My child is already vaccinated

I plan on getting my child vaccinated elsewhere

I am an objector to vaccination (conscientious objector)

I have changed my mind - I previously consented and wish to withdraw consent for a student

Other reason

Additional Information / Comments (optional)

Add text here...

Once you have provided the reason – you need to continue on to fill out a short simplified form.

Student's First Name

Student's Last Name

Student's Date Of Birth
DD ▼ MMM ▼ YYYY ▼

Gender
 Male Female Another term

School Name
Bendigo Senior Secondary College

Year Level
Year 7 ▼

Adult First Name

Adult Last Name

Adult's Relationship With Student
 Parent Legal guardian Other

Contact Number

Email Address

[Submit](#)

[Back](#)

Kind Regards,

Mornington Peninsula Shire Immunisation Team

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