

# Meningococcal ACWY vaccine consent form

## Student details

Medicare number (including number beside child's name)	
Surname	
First name	
Postal address	
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	
Torres Strait Islander	
Aboriginal and Torres Strait Islander	

## Parent/guardian contact details

Name of parent/guardian, or student aged 18 or over	
Daytime phone	Mobile
Email	

## Vaccine consent

Declaration: I am authorised to give consent or non-consent for my child to be vaccinated. 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 the vaccine. 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 I understand that consent can be withdrawn at any time before vaccination takes place.

Complete the following for children aged under 18 (students aged 18 and over can give their own consent)

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

<b>YES, I CONSENT to my child receiving the Meningococcal ACWY vaccine at school.</b> The Meningococcal ACWY vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains (one injection).	
If you have selected 'Yes' above, please sign and print your name.	Sign:
	Print:
Date you signed this form.	
<b>No, I do not consent to my child receiving the Meningococcal ACWY vaccine at this time.</b>	
<b>No, my child has had the Meningococcal ACWY vaccine elsewhere.</b>	
Please insert here any pre-existing medical condition, severe allergies or previous severe reaction to vaccination.	

## Privacy statement

The meningococcal ACWY vaccine program is a Commonwealth government funded vaccine program. Vaccines are administered by an immunisation nurse, employed by local council immunisation services, who visit each Victorian secondary school a number of times a year. 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 all adolescent vaccines given through school programs to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. This will provide tools such as recall and reminder systems to improve adolescent vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the Australian Immunisation Register. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Meningococcal ACWY 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

<b>Vaccine</b>	Meningococcal ACWY				
<b>Vaccination date</b>		<b>Nurse initials</b>		<b>Site: L/R arm</b>	

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