

Year 7 secondary school immunisation program information and consent form

Complete, sign and click “Finish” to submit form.

How to complete the form

- Read the information provided.
- Complete the consent section for each vaccine, and sign or type your name.
- Complete consent form even if you do not want your child to be vaccinated. Contact your local council for more information.

What is the National Immunisation Program?

The National Immunisation Program aims to protect the community from vaccine preventable diseases. As part of the program free vaccines are offered to, and recommended for, Year 7 secondary school students.

The following vaccines are recommended for Year 7 secondary school students:

- Human papillomavirus (HPV) (a single injection in the upper arm)
- Diphtheria-tetanus-pertussis (whooping cough) (a single injection in the upper arm)

Vaccines are administered by immunisation nurses that are employed by local council immunisation services at Victorian secondary schools.

Why should I have my child immunised?

- Immunisation is the safest and most effective way to stop the spread of many infectious diseases.
- The protection provided by some childhood vaccines fades and needs to be boosted in adolescence and for other vaccines, adolescence is the best time for the vaccine to be given.
- Vaccines not only protect your child from harmful diseases but offer important benefits for the long-term health of the community.
- If enough people in the community are immunised, the diseases can no longer be spread from person to person.

In Australia vaccines are registered for use by the Therapeutic Goods Administration (TGA). The TGA has a surveillance system which monitors and reports adverse events following immunisation.

If you change your mind, you can withdraw your consent at any time by contacting your local council.

Human papillomavirus (HPV) information

What is human papillomavirus?

HPV is a very common virus in people of all genders. It is very common to be infected with one or more types of HPV shortly after sexual activity starts. Most HPV infections cause no symptoms and are cleared from the body without the person knowing they were infected. Some types of HPV can cause genital warts and some types of cancer. These cancers include cervical cancer, cancers of the genital area and some cancers of the mouth and throat in people of all genders.

What are the benefits of receiving the HPV vaccine?

The vaccine GARDASIL[®]9 protects against seven types of HPV, which cause over 90 per cent of cervical cancer and over 90 per cent of HPV-related cancers. It also protects against an additional two HPV types which cause 90 per cent of genital warts. The vaccine provides best protection when given at a younger age and when it is given to someone before they become sexually active. The vaccine prevents disease but does not treat existing HPV infections.

Having your child vaccinated prevents them from being infected with a cancer-causing virus.

How is the vaccine given?

The HPV Gardasil[®]9 vaccine is given as a single injection into the upper arm.

How many doses of HPV vaccine are needed?

The HPV Gardasil[®]9 vaccine vaccination schedule consists of a single dose for most people.

Three doses of Gardasil[®]9 vaccine is recommended for people who are immunocompromised, i.e., people who have a disease or are having treatment which causes low immunity (for example HIV/AIDS, rheumatoid arthritis, cancer, radiotherapy, chemotherapy, or significant immunosuppressive treatment). Please talk to your GP immunisation provider to see if your child needs three doses.

How long will vaccine protection last?

There is strong evidence which shows Gardasil[®]9 provides long lasting protection against HPV for over 10 years. Studies are ongoing to determine if a booster dose will be necessary in the future, but this is not thought to be likely.

How safe is the HPV vaccine?

It is safe and well tolerated. Worldwide over 200 million doses have been given over the last decade. The vaccine does not contain HPV but appears similar enough to the virus so that the body produces antibodies, which prevents HPV infection.

Will cervical screening tests be needed later in life?

Yes, because the vaccine doesn't prevent all types of HPV infection that cause cervical cancer. Cervical screening tests are still essential for people with a cervix later in life. Having regular cervical screening tests further reduces the risk of developing cervical cancer.

What are the possible side effects?

Common side effects

These indicate that your child's immune system is responding to the vaccine.

- Pain, redness and swelling at the injection site
- A temporary small lump at the injection site
- Low grade fever
- Feeling unwell
- Headache

Fainting is another possible side effect, that may occur up to 30 minutes after any vaccination. Your child will be supervised after vaccination to monitor for any signs of fainting.

If mild reactions do occur, the side effects can be reduced by:

- drinking extra fluids and not over-dressing if the person has a fever
- taking paracetamol
- placing a cold, wet cloth on the sore injection site.

Uncommon side effects

- Rash or hives

It is recommended that anyone who has a rash or hives after a vaccine should talk with their immunisation provider before having further doses of that same vaccine.

Rare side effects

- A severe allergic reaction, for example facial swelling, difficulty breathing.

In the rare event of a severe allergic reaction, immediate medical attention will be provided. If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

Pre-immunisation checklist

Tell the immunisation provider if your child has any of the following, before they are immunised.

- Is unwell on the day of immunisation (temperature over 38.5°C).
- Has ever had a severe reaction to any vaccine.
- Has any severe allergies such as an anaphylactic reaction to yeast.
- Is pregnant.

After vaccination, please wait at the place of vaccination for a minimum of 15 minutes.

Diphtheria, tetanus and pertussis (whooping cough) information

What is diphtheria?

Diphtheria is caused by bacteria found in the mouth, throat and nose. Diphtheria causes a membrane to grow around the inside of the throat. This can make it difficult to swallow, breathe and can lead to suffocation.

The bacteria produce a poison which can spread around the body and cause serious complications such as paralysis and heart failure. Around 10 per cent of people who contract diphtheria die from it.

Diphtheria can be caught through coughs and sneezes from an infected person.

What is tetanus?

Tetanus is caused by bacteria in soils, dust and manure.

The bacteria can enter the body through a wound which may be as small as a pin prick. Tetanus cannot be passed from person to person.

Tetanus is often a fatal disease that attacks the nervous system. It causes muscle spasms first felt in the neck and jaw muscles. Tetanus can lead to breathing difficulties, painful convulsions and abnormal heart rhythms.

Because of the effective vaccine, tetanus is now rare in Australia, but it still occurs in adults who have never been immunised against the disease or who have not had their booster vaccines.

What is pertussis (whooping cough)?

Pertussis is a highly contagious disease that affects the air passages and breathing and causes severe coughing spasms. Coughing spasms are often followed by vomiting and the cough can last for months.

Pertussis can be caught through coughs or sneezes from an infected person.

Pertussis immunity decreases after the childhood dose. A booster dose of pertussis vaccine is recommended for adolescents aged between 11 and 13 years to maintain immunity into adulthood.

How safe is the vaccine?

The diphtheria-tetanus-pertussis booster vaccine contains a small amount of diphtheria and tetanus toxins that are modified to make them harmless, small parts of purified components of pertussis, a small amount of aluminium salt and preservative.

This booster vaccine has lower concentrations of diphtheria and pertussis components compared with the children's vaccine. The vaccine is safe and well tolerated in adolescents.

This combination vaccine can be given any time after a recent tetanus-containing vaccine is given.

Why does my child need a booster dose?

Adolescents need a booster dose of diphtheria-containing vaccine to extend the protective level immunity to adulthood. The booster is also essential for maintaining immunity to tetanus and pertussis into adulthood.

How is the vaccine given?

Diphtheria, tetanus, and pertussis are only available in Australia as a combination vaccine.

The diphtheria-tetanus-pertussis booster vaccine consists of a single injection given into the upper arm.

What are the possible side effects?

Most side effects are minor and disappear quickly.

Common side effects

These indicate that your child's immune system is responding to the vaccine.

- Mild temperature

- Pain, redness and swelling at the injection site
- A temporary small lump at the injection site
- Feeling unwell

Fainting is another possible side effect, that may occur up to 30 minutes after any vaccination. Your child will be supervised after vaccination to monitor for any signs of fainting.

If mild reactions do occur, the side effects can be reduced by:

- drinking extra fluids and not over-dressing if the person has a fever
- taking paracetamol
- placing a cold, wet cloth on the sore injection site.

Extremely rare side effects

- Brachial neuritis (severe pain, shoulder and upper arm)
- Severe allergic reaction.

In the event of a severe allergic reaction, immediate medical attention will be provided. If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

Pre-immunisation checklist

Tell the immunisation provider if your child has any of the following, before they are immunised.

- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has an allergy to latex
- Has any severe allergies
- Has had a severe reaction to any vaccine
- Is pregnant.

After vaccination, please wait at the place of vaccination for a minimum of 15 minutes.

On the day of the vaccinations

- Your child should have breakfast.
- Your child should wear a top that is suitable for the upper arm/s to be exposed.
- Your child may have more than one injection – this will not increase risk of side effects.
- Notify immunisation or school staff if your child is anxious.
- A record of each vaccine administered will be given to your child – store this safely.

Further information

A copy of your child's immunisation history statement is available from:

- Medicare online account through myGov <www.my.gov.au>
- Medicare mobile app <<https://www.servicesaustralia.gov.au/medicare>>
- Australian Immunisation Register, Tel. 1800 653 809

If you require further advice or information, please contact your immunisation provider, or visit the following websites:

[Better Health Channel](http://www.betterhealth.vic.gov.au) <<http://www.betterhealth.vic.gov.au>>

[Australian Government Department of Health](http://www.health.gov.au/health-topics/immunisation) <<http://www.health.gov.au/health-topics/immunisation>>

Consent form for: Human papillomavirus (HPV) vaccine consent and Diphtheria-tetanus-pertussis vaccine

Student details (as recorded on their Medicare card)

Medicare number (include number beside child's name)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Surname	<input type="text"/>
First name	<input type="text"/>
Postal address	<input type="text"/>
Postcode	<input type="text"/>
Date of birth	<input type="text"/>
Gender	<input type="text"/>
School name	<input type="text"/>
Class	<input type="text"/>

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

No	<input type="checkbox"/>
Aboriginal	<input type="checkbox"/>
Torres Strait Islander	<input type="checkbox"/>
Aboriginal and Torres Strait Islander	<input type="checkbox"/>

Parent or guardian contact details

Name of parent or guardian	<input type="text"/>
Daytime phone	<input type="text"/>
Mobile	<input type="text"/>
Email	<input type="text"/>

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-pertussis (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 immunisation provider. 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 HPV vaccine.					
If you have selected 'Yes' above please sign or type your name.					
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 provide the dates of each dose below.					
1st dose:		2nd dose: (if applicable)		3rd dose: (if applicable)	

Diphtheria-tetanus-pertussis (whooping cough) vaccine

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

YES, I consent to my child receiving the diphtheria-tetanus-pertussis booster vaccine.					
If you have selected 'Yes' above please sign or type your name.					
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-pertussis booster vaccine elsewhere.					
If your child has had the diphtheria-tetanus-pertussis booster vaccine elsewhere, please provide the date it was received.					

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

Office use only

Vaccine	Vaccination date	Nurse initials	Site: L/R arm
HPV			

Vaccine	Vaccination date	Nurse initials	Site: L/R arm
Diphtheria-tetanus-pertussis			

Privacy statement

The Year 7 Secondary School Immunisation 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 Immunisation 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 secondary school immunisation program via SMS or email. You can access your child's immunisation information by contacting the local council where your child attends school.

The vast majority of people complete and return this form. Thank you for returning yours.

To receive this document in another format, email [Immunisation Unit](mailto:immunisation@health.vic.gov.au) <immunisation@health.vic.gov.au>.

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Available at [Information for local councils](https://www.health.vic.gov.au/immunisation/information-for-local-councils) <https://www.health.vic.gov.au/immunisation/information-for-local-councils>