

Cunderdin Medical Practice

55 Lundy Ave Cunderdin WA 6407
Phone: 96351352 Email: info@cunderdinmp.com.au

Dear Parent/Guardian

The Cunderdin Medical Practice is offering to vaccinate WA College of Agriculture – Cunderdin students with the 2024 influenza vaccine on Tuesday 21st May and Tuesday 28th May 2024. Medicare will be bulk-billed to cover the cost of the Doctor's visit providing valid Medicare details are provided on the consent form.

The state government is funding influenza vaccination this year for people aged 12 – 64 years, therefore no payment is required.

Further information about the influenza vaccine can be found at [Influenza \(flu\) vaccine \(healthywa.wa.gov.au\)](https://healthywa.wa.gov.au/Influenza-flu-vaccine)

If you have any queries, please contact Nurse Tamara Carter on 96351352 or nurse@cunderdinmp.com.au

Please return the attached Consent Form to

**The WA College of Agriculture - Cunderdin
PO Box 132
Cunderdin WA 6407**

Forms are due back to the College by Monday 14th May.

Yours sincerely

Tamara Carter

Registered Nurse

Cunderdin Medical Practice

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INFLUENZA (FLU) VACCINATION 2024 CONSENT FORM

Student Details

Student's Name (as on Medicare Card): _____

Student Mobile Phone Number: _____

Home Address: _____

Date of Birth: ____/____/____

Sex: Male Female Other

Medicare Number: _____ Ref No. _____ Expiry ____/____

Aboriginal/Torres Strait Islander

Does your child identify as an Aboriginal or Torres Strait Islander? Yes No

Medical History

Allergy to anything? (Especially eggs) Yes No _____

Severe reaction following any vaccine? Yes No _____

Significant Medical History? Yes No (e.g. Asthma, diabetes, heart condition)

Details please: _____

Consent

I _____ (name of parent/guardian)

give consent for _____ (student name) to receive the 2024 influenza vaccine. I am aware that if the student is allergic to eggs or has a previous adverse reaction to a vaccine, they should be vaccinated at a hospital and not at the clinic being held at Cunderdin Medical Practice.

Signed: _____ Date: ____/____/____

Parent Contact Number (mobile preferred): _____

Parent Email Address: _____