

Meningococcal ACWY

VACCINATION CONSENT FORM

PLEASE COMPLETE IN BLUE OR BLACK PEN
EVEN IF THE STUDENT IS NOT BEING VACCINATED

 For free help to fill in the forms, call LINC on 1300 00 2610

STUDENT DETAILS

FAMILY NAME FIRST NAME

ADDRESS SUBURB

POSTCODE DATE OF BIRTH / / SEX FEMALE MALE

SCHOOL GRADE CLASS

MEDICARE NUMBER NUMBER BESIDE STUDENT'S NAME ON MEDICARE CARD

Is this student of Aboriginal or Torres Strait Islander origin?

NO YES, Aboriginal YES, Torres Strait Islander YES, both Aboriginal and Torres Strait Islander

PARENT/GUARDIAN DETAILS

RELATIONSHIP TO STUDENT

FAMILY NAME FIRST NAME

POSTAL ADDRESS POST CODE

EMAIL

DAYTIME PHONE NUMBER MOBILE

YES

I do give consent for the student named above to be vaccinated at school with the meningococcal ACWY vaccine.

Vaccination details will be forwarded to the Australian Immunisation register.

Please complete this section and sign below:

PRE-VACCINATION CHECKLIST

Has the student had a severe reaction following any vaccine?

YES NO

If you ticked yes above or if you think there may be any reason the student should not have this vaccination, please discuss this with your family doctor:

If you answered yes to above question, please provide details:

I have read and understood the information given to me about meningococcal ACWY vaccination, including benefits, risks and side-effects.

X

PARENT / GUARDIAN / STUDENT

DATE / /

OR

NO

I do not give consent for the student named above to be vaccinated at school with meningococcal ACWY vaccine.

Please complete this section and sign below:

The student's vaccination will be done with the family doctor

YES NO

The student has recently had a meningococcal ACWY vaccine

YES NO

DATE GIVEN / /

Other reason, please give details:

I have read and understood the information given to me about meningococcal ACWY vaccination, including benefits, risks and side-effects.

X

PARENT / GUARDIAN / STUDENT

DATE / /

OR

PRIVACY STATEMENT

The information you provide on this consent form will be used by the State and Australian Governments to monitor and evaluate immunisation programs. Your contact details might be used by the local council to send a reminder about the program. The data will be kept confidential and this student's personal information will only be used or disclosed in accord with legal requirements. You can access this student's immunisation record by contacting your immunisation provider.



COUNCIL USE ONLY

REASON STUDENT NOT VACCINATED

DATE

/ Absent Unwell Declined Previous recent vaccination (e.g. GP) _____

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COUNCIL USE ONLY

PRE-IMMUNISATION CHECKLIST FOR THE DOCTOR/NURSE IMMUNISER TO ASK STUDENTS ON THE DAY OF VACCINATION

Meningococcal ACWY

Are you well today?

YES NO

Is it possible that you may be pregnant?

YES NO

DATE DOSE GIVEN

BATCH NUMBER

SITE LA RA

PROVIDER'S SIGNATURE

NOTES