

# Meningococcal ACWY Vaccination

## Vaccination Consent card – Year 10

Please return this card to your child's school – *print clearly using a black or blue pen*

### Student details

School	Class
Surname	
Given name/s	
Date of birth	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male
Medicare number	Ref no. beside your child's name on the Medicare card
Is your child	
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Torres Strait Islander (TSI)
<input type="checkbox"/> Not Aboriginal or TSI	<input type="checkbox"/> Not stated/unknown
<input type="checkbox"/> Aboriginal & TSI	
Language spoken at home	<input type="checkbox"/> English <input type="checkbox"/> Other _____
<i>please specify</i>	
Address	
Postcode	

### Parent / legal guardian / authorised person details

Name of parent/ legal guardian/ authorised person
Mobile
Other phone number
Email
Relationship to student <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> Authorised person (attach <i>Authority to care</i> )
Is your address the same as your child <input type="checkbox"/> Yes <input type="checkbox"/> No If NO please record your address
Address
Postcode

### Pre-vaccination checklist (*tick all that apply*)

My child

- has previously had a reaction to a vaccine
- has severe allergies
- faints when given an injection
- has recently received any vaccines
- is pregnant

If you have ticked any box above, please give details: \_\_\_\_\_

Note: you may be contacted for further information.

### Consent statement

*I have read and understood the information given to me about meningococcal ACWY vaccination, including risks and side effects. I have been given the opportunity to discuss the risks and benefits of vaccination with my doctor or by telephoning 13 HEALTH (13 43 25 84). I am authorised as the parent, legal guardian or authorised person of this child to give consent for the child to be vaccinated. I understand that consent can be withdrawn at any time before vaccination by making a written request to the school immunisation provider. I understand vaccination details will be recorded on the Australian Immunisation Register (AIR) and used by Queensland Health and the school immunisation provider for recall, reminders, clinic follow up; or disease prevention, control and monitoring; or as otherwise authorised by or required by law.*

**Please sign and date the YES to consent to receive the vaccine**

On the basis of the above consent statement, <b>YES</b> I hereby give consent for my child to receive a single dose of meningococcal ACWY vaccine.	<b>Parent/legal guardian/authorised person</b> Signature _____ Date        /        / 20 _____
	Office use only: consent checked <input type="checkbox"/>



If you have completed the "Yes to consent" section you do not need to complete this section.  
Proceed to the Record of vaccination over page.



## Meningococcal ACWY Vaccination

### NO to Vaccination

If you wish to decline the meningococcal ACWY vaccination, please complete the information below, sign and return to your child's school.

School \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth        /        / 20 \_\_\_\_\_

Gender     Female     Male \_\_\_\_\_

**NO**, I do not give consent for my child to receive a single dose of meningococcal ACWY vaccine.

I have planned my child's vaccination with my family doctor     Yes     No

My child has already received a meningococcal ACWY vaccination     Yes     No

Other \_\_\_\_\_

Signature \_\_\_\_\_ Date    /    / 20 \_\_\_\_\_

Parent/legal guardian/authorised person (attach **Authority to care**)

DO NOT DETACH

DO NOT DETACH

