



## Year 10 Meningococcal ACWY School Based Immunisation Program 2022

Dear Parent/Guardian

Please read all the enclosed information about the vaccines being offered to your child through the Meningococcal ACWY Immunisation Program, then complete this form in **capital letters and tick appropriate boxes (using black ink)** and return it to your child's school within the next week.

### Student details. Please fill in this section whether you consent to your child receiving the vaccine or not

Student's last name	Student's first name	Middle initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
Student's date of birth	Sex	Aboriginal and/or Torres Strait Islander
<input type="text"/>	M <input type="checkbox"/> F <input type="checkbox"/> Other <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicare number (free service if provided at school, please ensure Medicare details are provided)	Reference number next to child's name	Medicare card not available/shown
<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name of school student attends	Valid to	<input type="text"/>
<input type="text"/>		

### Parent/Legal guardian details. Please fill in this section whether you consent to your child receiving the vaccine or not

Relationship to student	Father <input type="checkbox"/>	Mother <input type="checkbox"/>	Legal guardian <input type="checkbox"/>
Parent/Guardian legal last name	Parent/Guardian legal first name		
<input type="text"/>	<input type="text"/>		
Mobile phone (preferred)	Home phone	Work phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Email			
<input type="text"/>			
Parent/Guardian address (1) Address of individual filling in form (number and street)	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Parent/Guardian address (2) Optional e.g. PO Box (number and street)	Suburb	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

### Consent section – parent/guardian to complete

Has your child received the meningococcal ACWY vaccine in the last 12 months?

Yes ☐ No ☐

Note: Your child will need a dose of the Men ACWY vaccine even if they received a Men C vaccine as an infant.

If yes, provide details: .....

Has your child ever had a serious reaction to any vaccine?

Yes ☐ No ☐

If yes, provide details: .....

Does your child have any severe allergies?

Yes ☐ No ☐

If yes, provide details: .....

Does your child have any long term medical conditions (e.g. diabetes, epilepsy etc)?

Yes ☐ No ☐

If yes, provide details: .....

Has your child fainted when receiving an injection?

Yes ☐ No ☐

If yes, provide details: .....

I am authorised to give consent or non-consent for my child to be vaccinated. I have read and understand the information provided about vaccination, including the possible vaccine side effects. I understand I can discuss the risks and benefits of vaccination with my GP or call the school immunisation nurse. Consent provided for the above-mentioned vaccine will remain valid until 31st December 2023, and can be withdrawn by contacting the school team as per number on the envelope.

I understand I may receive an SMS from the WA Health about my child's vaccination experience.

I understand the information provided on this form will be recorded on relevant State and Commonwealth immunisation registers. It will remain confidential and used to monitor immunisation rates and inform program improvement.

Please ensure you tick and sign the green box for your child to be vaccinated.

If you do not want your child to receive the vaccine, tick and sign the relevant red box.

Do you consent to your child receiving the meningococcal ACWY vaccine?

Yes ☐ Signature: ..... Date: ..... No ☐ Signature: ..... Date: .....



For office use only

## Immunisation provider comments

	Consent		Date given	Batch	Vaccinator	Site: Left arm	Site: Right arm	Record entered in AIR
	Yes	No						
Meningococcal ACWY								

Notes (i.e. Interpreter required, date AIR checked, site at which vaccine is administered...):

### Telephone consent: Office use only

Verbal consent for vaccination was given Yes ☐ No ☐

Time ..... Date ...../...../.....

Signature .....

Signature .....

Name .....

Name .....

Consent provided by (name) .....

Relationship to child  
(e.g. father, mother) .....

Contact number .....

Data entry: AIR ☐ webPAS ☐ CHIS ☐ WINVAC ☐ MMEX ☐

Comments

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