



# Year 7 Vaccinations

Trim 17/5537

Dear Parent/Guardian

Teams of specially trained registered nurses will be visiting your child's school during Year 7 to offer free vaccinations against serious vaccine preventable diseases.

## Vaccines include:

Human Papillomavirus (HPV) vaccine (3 doses)  
 Diphtheria-Tetanus-Pertussis (dTpa) vaccine (1 dose)  
 Varicella (chickenpox) vaccine (1 dose)

These vaccines are only provided **FREE** whilst your child is in Year 7.

### NSW School Vaccination Program

Parent/Guardian to complete all fields in CAPITAL letters using a black or blue pen.

#### Student's Details

Surname  
SMITH

Given name/s  
JESSICA

Date of Birth  
14/02/2005

Gender  
M ☐ F ☒

Name of School  
RIVERSTONE HIGH SCHOOL

Medicare Number  
1234 567890

Number beside your child's name on the Medicare card  
4

Indigenous Status  
☐ No ☒ Yes, Aboriginal ☐ Yes, Torres Strait Islander ☐ Yes, both Aboriginal and Torres Strait Islander

#### Your Details - Parent or Legal Guardian

Name of Parent/Guardian (e.g. JACK SMITH)  
HELEN SMITH

Home Address  
412 RIVERSTONE ROAD  
RIVERSTONE

Postcode  
2765

Mobile Number  
04 6477 2498

Best Alternate Number  
02 8721 4639

#### Consent

I have read and understood the information provided regarding the benefits and possible side effects of the **HPV vaccine, varicella vaccine and dTpa vaccine** and note that I can **withdraw consent** at any time.

I have been provided with a copy of the Privacy Statement and I understand that my and/or my child's personal information (including health information) may be disclosed in certain circumstances as set out in that Statement.

I declare to the best of my knowledge that my child:

- Has not had an anaphylactic reaction following any vaccine.
- Does not have an anaphylactic sensitivity to any of the vaccine components listed in the Parent Information Sheet.
- Is not pregnant.

I, on (today's date) 07/02/2017

sign below for each vaccine I wish my child to receive.

Signature of Parent/Guardian

HPV Vaccine. I hereby give consent for my named child to receive a 3 dose course.

Signature of Parent/Guardian

Varicella Vaccine. I hereby give consent for my named child to receive a single dose.

Signature of Parent/Guardian

Diphtheria-Tetanus-Pertussis (dTpa) Vaccine. I hereby give consent for my named child to receive a single dose.

Please turn over ►

## What do you need to do?

- ✓ Read Year 7 Vaccination Information Kit
- ✓ Check your child's vaccination records for varicella vaccine: all students should receive 1 dose unless the vaccine has been given before or your child has had the chickenpox disease
- ✓ Complete the Consent Form in BLOCK letters using a BLACK or BLUE pen
- ✓ Sign the Consent Form for each vaccine your child requires
- ✓ Return the signed Consent Form to your child - return to school, as soon as possible
- ✓ Discuss the importance of vaccinations with your child
- ✓ Ensure your child has breakfast on the morning of vaccination

## More questions?

Please contact Western Sydney Public Health Unit on 9840 3603 or visit

[www.health.nsw.gov.au/immunisation](http://www.health.nsw.gov.au/immunisation) for further information and translated copies of the Year 7 Vaccination Information Kit