

NSW School Vaccination Program

Student's Details

SMITH

Surname

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

Year 7 Vaccinations

Dear Parent/Guardian

Consent

3. Is not pregnant.

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.

I have read and understood the information provided regarding the

disclosed in certain circumstances as set out in that Statement.

1. Has not had an anaphylactic reaction following any vaccine. 2. Does not have an anaphylactic sensitivity to any of the vaccine

components listed in the Parent Information Sheet.

I declare to the best of my knowledge that my child

benefits and possible side effects of the HPV vaccine, varicella vaccine

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

and dTpa vaccine and note that I can withdraw consent at any time.

NSW

Health



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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.

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

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Home Address	Home Address
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RIVERSTONE Postcode 2-	Mobile Number 0464772498 02872146

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 ASull consent for my named child o receive a 3 dose course. Signature of Parent/Guardian Varicella Vaccine. I hereby ASrulh give consent for my named child to receive a single dose. Diphtheria-Tetanus-Signature of Parent/Guardian Pertussis (dTpa) Vaccine. I hereby give consent for ASouth my named child to receive a single dose. Please turn over

More questions? Please contact Western Sydney Public Health Unit on 9840 3603 or visit www.health.nsw.gov.au/immunisation for further information

and translated copies of the Year 7 Vaccination Information Kit