



Health

NSW School Vaccination Program Year 7

IMPORTANT INFORMATION 2017

Public Health Unit, Parramatta Tel 9840 3603



Health
Western Sydney
Local Health District

About the Program



- 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)
 - **Varicella (Chickenpox)** vaccine (1 dose)
 - **Diphtheria-Tetanus-Pertussis (dTpa)** vaccine (1 dose)

What you need to do?



- ✓ **Read Year 7 Vaccination Information Kit** which will be distributed by your school at the beginning of the school year
- ✓ **Decide which vaccine/s your child needs?**
 - HPV vaccine: 3 doses, for adolescents
 - Varicella vaccine: 1 dose, unless already received the vaccine or had the chickenpox disease before
 - dTpa vaccine: 1 dose (booster)
- ✓ **Complete & sign the Consent Form - make sure you sign for each vaccine your child requires**

What to do next?



- ✓ **Give** the signed Consent Form to your child to **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
- ✓ **If your child is absent from school on vaccination day catch-up vaccinations will be provided at the next school clinic/s** throughout the year

Example of how to complete the consent form

NSW School Vaccination Program

Parent/Guardian to complete all fields in **CAPITAL** letters using **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 4
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:

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.
3. 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. #Smith

Signature of Parent/Guardian

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

Signature of Parent/Guardian

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

Please turn over ►

For more information call 9840 3603



Health
Western Sydney
Local Health District