

Consent Form

Year 7 Queensland School Immunisation Program

Student Details

Please complete **all** information in **CAPITAL** letters using a **black** or **blue** pen.

School:

Class:

Surname:

Given name(s):

Date of birth:

(Day/Month/Year)

Sex:

Medicare number:

Ref. no.*:

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Female Male Other

Is your child:

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

Aboriginal Torres Strait Islander (TSI) Aboriginal & TSI Not Aboriginal or TSI Not stated/unknown

Language spoken at home: English Other (specify)

Address:

Postcode:

Parent/Legal Guardian/Authorised Person Details

Name of parent/legal guardian/authorised person:

Mobile phone number:

Other phone number:

Email address:

Relationship to student: Parent Legal guardian Authorised person (attach **Authority to care**)

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 a vaccine(s) is pregnant is immunocompromised

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

Note: You may be contacted for further information.

Privacy Notice

Queensland Health (including the Department of Health and Hospital and Health Services) collects your and your child's personal information to support the School Immunisation Program. This includes confirming consent or refusal, administering vaccinations, updating the Australian Immunisation Register, contacting you if follow-up is needed, and for program evaluation, reporting and research purposes.

Your information may be shared with contracted School Health Program providers, or when required by Australian laws, court orders, or government authorities. Participation in the program is voluntary, and consent to vaccination can be withdrawn at any time by contacting the School Health Program provider. Your child will only be vaccinated under the School Immunisation Program if you provide consent. **If you do not want your child to be vaccinated, please select the 'No, I do not consent' option and sign and return this form.** If you do not return a consent form or return an **incomplete** form, information about you and your child may be provided by the school to the School Health Program provider (a Hospital and Health Service or its contracted provider) under section 213AD of the *Public Health Act 2005* (Qld), to enable follow up about the vaccination offer. If your school's program is delivered by a contracted provider, they may either contact you directly or share your information with the relevant Hospital and Health Service to follow up. Your personal information is protected under the *Information Privacy Act 2009* (Qld).

You have the right to access and correct your or your child's personal information. For more information, or to view our Privacy Policy or make a complaint, call **13 HEALTH (13 43 25 84)** or visit the Queensland Health website: <https://www.health.qld.gov.au/global/privacy>

Consent for vaccination

Please read the **Privacy Notice** and tick one box for **each vaccine** to indicate whether or not you give consent for your child to receive it.

Diphtheria, tetanus, and pertussis (whooping cough) vaccine (dTpa):

YES, I consent for my child to receive the dTpa vaccine
 NO, I do not consent

Human papillomavirus (HPV) vaccine:

YES, I consent for my child to receive the HPV vaccine
 NO, I do not consent

Consent and Declaration

By signing below, I confirm that:

- I have read and understood the information provided in the Year 7 Immunisation Program Information Sheet about the benefits and possible side effects of the HPV and dTpa vaccines.
- I can speak to a qualified health provider or call 13 HEALTH (13 43 25 84) if I have questions or concerns.
- I understand vaccination is voluntary and I can withdraw consent at any time by contacting the School Health Program Provider.
- I understand that my child's personal information may be used and shared to deliver the School Immunisation Program, update the Australian Immunisation Register and to meet legal requirements.
- If this form is incomplete, the school may provide information about me and my child to the School Health Program provider under the Public Health Act 2005 (Qld) to enable follow up. If a contracted provider is given this information, they may share it with the relevant Hospital and Health Service to follow up.

Full Name of Parent/Legal Guardian/Authorised Person:

Signature:



Date:

(Day/Month/Year)

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