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| Year 10 secondary school immunisation program information and consent form Complete, sign and return the consent form to your school OFFICIAL |

# How to complete the form

* Read the information provided.
* Complete the consent section for the Meningococcal ACWY vaccine, and sign or type your name.
* Return the consent sections to the school even if you do not want your child to be vaccinated.

# What is the National Immunisation Program?

Adolescents in Year 7 and Year 10 are offered free vaccines under the Secondary School Immunisation Program as part of the National Immunisation Program (NIP).

The [NIP schedule](https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule) <https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/national-immunisation-program-schedule> is a series of immunisations given at specific times throughout your life. The immunisations range from birth through to adulthood.

For further information about the vaccines provided in secondary school or the NIP, see [Immunisation in secondary schools](https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-in-secondary-schools) on the Better Health Channel website <https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-in-secondary-schools>.

## Consent for immunisation

Adolescents in Year 10 of secondary school (or aged 14 to 16 years) are recommended to receive the Meningococcal ACWY vaccine.

Consent for the vaccine must be provided by parents, guardians or other medical treatment decision makers or students to receive free vaccinations at school.

For further information on when an adolescent can consent to receive a vaccine, see the consent section of the [Adolescent vaccinations outside of school and catch up immunisation](https://www.health.vic.gov.au/immunisation/adolescent-vaccinations-outside-of-school-and-catch-up-immunisation) page on the Department of Health website <<https://www.health.vic.gov.au/immunisation/adolescent-vaccinations-outside-of-school-and-catch-up-immunisation>>

# Why should I have my child immunised?

* Immunisation is the safest and most effective way to stop the spread of many infectious diseases.
* The protection provided by some childhood vaccines fades and needs to be boosted in adolescence and for other vaccines, adolescence is the best time for the vaccine to be given.
* Adolescents who have previously received Meningococcal C vaccine should receive the Meningococcal ACWY vaccine to ensure optimal protection against all four strains of disease.
* Vaccines not only protect your child from harmful diseases but offer important benefits for the long-term health of the community.
* If enough people in the community are immunised, the diseases can no longer be spread from person to person.

In Australia vaccines are registered for use by the Therapeutic Goods Administration (TGA). The TGA has a surveillance system which monitors and reports adverse events following immunisation.

Consent for vaccination can be withdrawn at any time prior to vaccination. Parents, guardians, students (where considered a mature minor) or other medical treatment decision makers should contact the local council immunisation service providing the Secondary Immunisation Program at your child’s school.

# Meningococcal ACWY information

## What is Meningococcal ACWY?

Meningococcal disease occurs when meningococcal bacteria, commonly found in the nose or throat, invades the body and causes serious disease. Older teenagers and young adults are most likely to carry the bacteria and spread it to others.

Invasive meningococcal disease (IMD) is a rare but serious disease. It most commonly presents as septicaemia (infection in the blood, also known as ‘bacteraemia’) or meningitis, (inflammation of the membrane covering of the brain). Occasionally, severe infection can also occur in the joints, throat, lungs or intestines.

Although most people will recover if the infection is diagnosed early, the disease can cause complications that may result in permanent disabilities through loss of limbs, deafness, blindness, scarring, kidney or liver failure. Death can occur in up to 10 per cent of cases.

Globally, meningococcal serogroups A, B, C, W and Y most commonly cause disease. Vaccination is the key prevention against meningococcal disease.

## What are the benefits of receiving the Meningococcal ACWY vaccine?

The Meningococcal ACWY vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains. It is a safe and effective way to protect against these four types of meningococcal disease.

## How is the vaccine given?

The Meningococcal ACWY vaccine is given as a single injection into the upper arm.

## How safe is the vaccine?

Meningococcal ACWY vaccines have been shown to be safe in multiple large population studies (conducted in countries after the vaccines became available) in people of different ages, from infants to adults. Most reactions after vaccination are mild and resolve on their own. The vaccine does not contain any live bacteria and cannot cause meningococcal disease.

## What are the possible side effects?

There are possible mild reactions that follow immunisation and a very small risk of a [serious allergic reaction](https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/anaphylaxis) to any vaccine.

Possible side effects of meningococcal vaccination include:

#### Common mild side effects

* Pain, redness and swelling at the injection site
* A temporary small lump at the injection site
* Low grade fever
* Feeling unwell
* Headache

If mild reactions do occur, the side effects can be reduced by:

* drinking extra fluids and not over-dressing if the person has a fever
* taking paracetamol
* placing a cold, wet cloth on the sore injection site.

If a student is known to faint or be very anxious, it may be better for them to be vaccinated with a GP rather than at school.

#### Uncommon mild side effects

* Rash or hives

#### Rare side effects

* A severe allergic reaction, for example facial swelling, difficulty breathing.

In the rare event of a severe allergic reaction, immediate medical attention will be provided.

## Preparing adolescents for school-based immunisation

Some useful tips for preparing adolescents for school-based immunisations include:

* giving them a good breakfast
* making sure they wear a loose shirt
* ensure they are feeling well on the day
* making sure they let the teacher or immunisation staff know if they are feeling nervous or unwell.

If an adolescent is known to faint or be very anxious, it may be better for them to be vaccinated outside of school, speak to your immunisation provider to determine if this decision is right for your child.

## Pre-immunisation checklist

It is important that students tell their immunisation provider if any of the following apply.

* Are unwell on the day of immunisation (temperature over 38.5°C)
* Previously had a severe reaction to any vaccine
* Have any severe allergies such as an anaphylactic reaction to yeast or latex
* Have a disease or are having treatment which causes low immunity.
* Are pregnant
* History of hives after a vaccine

Find the full [pre-immunisation checklist](https://www.health.vic.gov.au/publications/pre-immunisation-checklist) on the Department of Health website <https://www.health.vic.gov.au/publications/pre-immunisation-checklist>.

## After vaccination

Adolescents should remain under observation at the place of vaccination for a minimum of 15 minutes to ensure that they do not experience an immediate adverse event, and for immunisation staff to provide rapid medical care if needed.

In the rare event of a severe allergic reaction, immediate medical attention will be provided. Where reactions following vaccination are severe or persistent, or if you are worried, contact your doctor or hospital.

[Immunisation side effects](https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-side-effects) should be reported to the [Victorian vaccine safety service (SAFEVIC)](https://www.safevac.org.au/Home/Info/VIC), the central reporting service in Victoria, on Tel. 1300 882 924 (select option 1), email[enquiries@saefvic.org.au](mailto:enquiries@saefvic.org.au).

# Further information

## Vaccine-related information

For detailed information regarding Meningococcal ACWY vaccine provided, please refer to the [Better Health Channel](https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-in-secondary-schools) <https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-in-secondary-schools>.

### Immunisation history statement

It is mandatory for immunisation providers to report NIP vaccines administered to the Australian Immunisation Register (AIR). A copy of your child’s immunisation history statement is available from:

* Medicare online account through [myGov](http://www.my.gov.au/) <[www.my.gov.au](http://www.my.gov.au/)>
* [Medicare mobile app](https://www.servicesaustralia.gov.au/medicare) <<https://www.servicesaustralia.gov.au/medicare>>
* Australian Immunisation Register, Tel. 1800 653 809

If you require assistance with translations, please contact the National Translating and Interpreting Service, Tel. 131 450.

If you require further advice or information, please contact your immunisation provider, or visit the following websites:

## Resources

* [Better Health Channel](https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-in-secondary-schools)<https://www.betterhealth.vic.gov.au/health/healthyliving/immunisation-in-secondary-schools>
* [Australian Government Department of Health](https://www.health.gov.au/topics/immunisation/when-to-get-vaccinated/immunisation-for-adolescents) <http://www.health.gov.au/health-topics/immunisation/when-to-get-vaccinated/immunisation-for-adolescents>

## Translated resources in community languages

For translated resources, please visit the [Department of Health website](https://www.health.vic.gov.au/immunisation/secondary-school-immunisation-program) <https://www.health.vic.gov.au/immunisation/secondary-school-immunisation-program>

# Consent form for: Meningococcal ACWY vaccine

### Student details (as recorded on their Medicare card)

|  |  |
| --- | --- |
| Medicare number (including reference number beside child’s name) | Stop outlineStop outlineStop outlineStop outlineStop outlineStop outlineStop outlineStop outlineStop outlineStop outline Stop outline |
| Surname |  |
| First name |  |
| Postal address |  |
| Postcode |  |
| Date of birth |  |
| Gender |  |
| School name |  |
| Class |  |

Is this person of Aboriginal or Torres Strait Islander origin? Mark chosen response with an ‘X’.

|  |  |
| --- | --- |
| No |  |
| Aboriginal |  |
| Torres Strait Islander |  |
| Aboriginal and Torres Strait Islander |  |

### Parent/guardian contact details

|  |  |
| --- | --- |
| Name of parent or guardian |  |
| Daytime phone |  |
| Mobile |  |
| Email |  |

# Vaccine consent

**Declaration**: I am authorised to give consent or non-consent for my child to be vaccinated and by giving consent, I understand my child will be given a vaccine to protect against Meningococcal A, C, W and Y strains. I have read and I understand the information given to me about vaccination, including the risks of not being vaccinated and the side effects of vaccines. I understand I can discuss the risks and benefits of vaccination with my immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place.

## Meningococcal ACWY vaccine

Please mark your chosen response, below, with an ‘X’.

|  |  |  |
| --- | --- | --- |
| YES, I consent to my child receiving the Meningococcal ACWY vaccine at school.  The Meningococcal ACWY vaccine is a four-in-one combined vaccine for protection against meningococcal A, C, W, Y strains (one injection). | |  |
| If you have selected 'Yes' above, please sign or type your name. |  | |
| Date you signed this form. |  | |
| No, I do not consent to my child receiving the Meningococcal ACWY vaccine. | |  |
| No, my child has had the Meningococcal ACWY vaccine elsewhere. | |  |
| If your child is being vaccinated, please note any pre-existing medical condition, severe allergies or previous severe reaction to vaccination here: | | |

# Privacy statement

The Year 10 Secondary School Immunisation Program is funded by the Australian and Victorian governments and delivered by local councils. Under the Public Health and Wellbeing Act 2008, local councils are responsible for coordinating and providing immunisation services to children being educated within the municipal district.

Local councils are committed to protecting the privacy, confidentiality and security of personal information, in accordance with the Privacy and Data Protection Act 2014 and the Health Records Act 2001.

Local councils report vaccines given through school programs to the Australian Immunisation Register (AIR). Personal identifying details will be kept confidential. These details are for the purpose of providing targeted improved health services for all Victorian children. In addition, the details enable tools such as recall and reminder systems to improve vaccination rates. This is important to improve immunisation rates overall. Individuals will have access to their record of all vaccines recorded in the AIR. Aggregate immunisation data may be disclosed to the Victorian government for the purpose of monitoring, funding and improving the Year 10 Secondary School Immunisation Program. This information does not identify any individual.

Information related to you or your child will be used or disclosed for purposes directly related to your child’s immunisation, and in ways that you would reasonably expect. This may include the transfer or exchange of relevant information to your GP, to your child’s GP, to another treating health service or hospital or another local council. The local council may provide you with information related to the Secondary School Immunisation Program via SMS or email. You can access your child’s immunisation information by contacting the local council where your child attends school.

The vast majority of people complete and return this form. Thank you for returning yours.

# Office use only

|  |  |  |  |
| --- | --- | --- | --- |
| **Vaccine** | **Vaccination date** | **Nurse initials** | **Site: L/R arm** |
| Meningococcal ACWY |  |  |  |

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