



# Year 7 Vaccinations

Our Ref : Trim No 15/3331

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. Please print in **BLOCK** letters using a black or blue pen.

SC1401090149

**Student's Details**  
Surname: STEVENS  
Given name/s: RYLEY  
Date of Birth: 26/03/2003  
Gender:  M  F  
Grade (Year): 7  
Name of School: RIVERSTONE HIGH SCHOOL  
Medicare Number: 2463 01736 6  
Country of Birth: AUSTRALIA

**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 agree that the information I have provided can be transferred to secure national and state registers.  
I declare to the best of my knowledge that my child:  
1. Has not had an anaphylactic reaction following any vaccination.  
2. Does not have an anaphylactic sensitivity to any of the vaccine components listed in the Parent Information Sheet.  
3. Is not pregnant.

Please sign for EACH vaccine you wish your child to receive:

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

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

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

**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): KAREN STEVENS  
Home Address: 412 RIVERSTONE ROAD, RIVERSTONE, Postcode 2765  
Best Contact Number: 0464772498  
Best Alternate Number: 0287214639  
Date: 06/02/2015

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