







# Immunisation Consent Form

If you **DO** consent to receiving **1 or 2** immunisations, fill out **SECTION A** below.

If you do **NOT** consent to your child receiving **ANY** immunisations, please fill out **SECTION B** on the **next page**.

## SECTION A: Consenting to 1 or 2 immunisations

### Your child's details

☐ Year 7 ☐ Year 8

NHI number (if known)

School

Class name or number

First name

Last name

Middle name(s)

Other name(s)

Date of birth

DAY

MONTH

YEAR

Is your child (tick one)

☐ Male

☐ Female

☐ Gender diverse

Home address

Postcode

Which ethnic group(s) does your child most closely identify with? (You may tick more than one.)

☐ NZ European

☐ Māori

☐ Samoan

☐ Cook Islands Māori

☐ Tongan

☐ Niuean

☐ Chinese

☐ Indian

Other (such as Dutch, Japanese, Tokelauan) please state

Medical centre / healthcare provider

My child does not have a doctor ☐

### Parent / legal guardian details

I am (tick one)

☐ Mother

☐ Father

☐ Legal Guardian

Phone number

Your full name

Email

Day time emergency contact name (Alternative contact)

Day time emergency contact phone

I consent to my child receiving **2** immunisations on the same day:

• **Boostrix** (Tetanus, diphtheria and whooping cough)

• **Gardasil9** (Human Papillomavirus immunisation)

Signature

Date signed

DAY

MONTH

YEAR

OR

**Tick the immunisation you **DO** want your child to receive at school:**

☐ **Boostrix** (Tetanus, diphtheria and whooping cough)

☐ **Gardasil9** (Human Papillomavirus immunisation)

Signature

Date signed

DAY

MONTH

YEAR

Parent / legal guardian comments (if applicable)

### Your child's medical history

Have they had a serious reaction to any immunisation before?

☐ Yes

☐ No

If yes, please describe

Do they have any serious medical conditions? Eg: bleeding disorder, epilepsy, cancer.

☐ Yes

☐ No

If yes, please describe

Do they have any severe allergies to food or medicine?

☐ Yes

☐ No

If yes, please describe

Do they take any regular medicine?

☐ Yes

☐ No

If yes, please describe

Is there anything else the vaccinator needs to know about your child?

Eg: fainting/anxiety history, communication challenges.

☐ Yes

☐ No

If yes, please describe

# Immunisation Non-Consent Form

If you have completed **SECTION A** (you consented to 1 or 2 immunisations), you do **NOT** need to complete **SECTION B**.

If you do **NOT** consent to your child receiving the **Boostrix** and **Gardasil9** immunisations in school, fill out **Section B** below.

**SECTION B: Non-Consent to any immunisations**

**Your child's details**

☐ Year 7    ☐ Year 8

NHI number (if known)

School

Class name or number

First name

Last name

Middle name(s)

Other name(s)

Date of birth

DAY

MONTH

YEAR

Is your child (tick one)

☐ Male    ☐ Female    ☐ Gender diverse

Home address

Postcode

Which ethnic group(s) does your child most closely identify with? (You may tick more than one.)

☐ NZ European    ☐ Māori    ☐ Samoan    ☐ Cook Islands Māori    ☐ Tongan    ☐ Niuean    ☐ Chinese    ☐ Indian

Other (such as Dutch, Japanese, Tokelauan) please state

Medical centre / healthcare provider

My child does not have a doctor

☐

**Parent / legal guardian details**

I am (tick one)

☐ Mother    ☐ Father    ☐ Legal Guardian

Phone number

Your full name

Email

I do **NOT** consent to my child receiving **any** immunisations in school.

Signature

Date signed

DAY

MONTH

YEAR

**Reasons for declining the immunisation (optional)**

☐ I will take my child to the family doctor or another health provider to be immunised

☐ My child has already received their Boostrix immunisation

☐ My child has already received 2 Gardasil9 immunisations

☐ Other

**Thank you.** Please return this consent form to your school.

The vaccinator may contact you if they have any questions about the information you have provided in this form.

# Vaccinator use only

Student's name

Student's NHI number (if known)

## Vaccination administered

### Boostrix

Administration date

Time

DAY

MONTH

YEAR

Batch number

Expiry date

DAY

MONTH

YEAR

Administration site:

☐

Left deltoid

☐

Right deltoid

Vaccinator's signature

Vaccinator's name

Clinical supervisor details (if required)

### HPV dose 1

Administration date

Time

DAY

MONTH

YEAR

Batch number

Expiry date

DAY

MONTH

YEAR

Administration site:

☐

Left deltoid

☐

Right deltoid

Vaccinator's signature

Vaccinator's name

Clinical supervisor details (if required)

### HPV dose 2

Administration date

Time

DAY

MONTH

YEAR

Batch number

Expiry date

DAY

MONTH

YEAR

Administration site:

☐

Left deltoid

☐

Right deltoid

Vaccinator's signature

Vaccinator's name

Clinical supervisor details (if required)

## Vaccination not administered / rescheduled

### Boostrix

Not vaccinated because:

☐

Chose to attend doctor

☐

Student already received Boostrix

☐

Absent

☐

Student refused vaccination

☐

Consent withdrawn

☐

Moved

☐

Other

Rescheduled date

DAY

MONTH

YEAR

Vaccinator's / administrator's signature

Vaccinator's / administrator's name

### HPV dose 1

Not vaccinated because:

☐

Chose to attend doctor

☐

Student already received HPV dose 1

☐

Absent

☐

Student refused vaccination

☐

Consent withdrawn

☐

Moved

☐

Other

Rescheduled date

DAY

MONTH

YEAR

Vaccinator's / administrator's signature

Vaccinator's / administrator's name

### HPV dose 2

Not vaccinated because:

☐

Chose to attend doctor

☐

Student already received HPV dose 2

☐

Absent

☐

Student refused vaccination

☐

Consent withdrawn

☐

Moved

☐

Other

Rescheduled date

DAY

MONTH

YEAR

Vaccinator's / administrator's signature

Vaccinator's / administrator's name

## Aotearoa Immunisation Register (AIR) check



\_\_\_\_\_ Please complete this consent form, tear off and return to school \_\_\_\_\_

- ☐ CARM notified
- ☐ Other AEFI or concern
- ☐ Severe AEFI with anaphylaxis
- ☐ Severe AEFI (other)
- ☐ ACC form completed

## Your rights

The Health and Disability Commissioner's Code of Rights applies to all consumers using a health or disability service in New Zealand.

For more information, visit [www.hdc.org.nz](http://www.hdc.org.nz) or call **0800 555 050**.

## Privacy

Providing the information requested on this consent form is voluntary. However, if you do not submit the form with all required fields completed, we will not be able to vaccinate your child.

Schools may have provided some information such as students' names, room numbers, dates of birth, addresses and ethnicities. Your school should have notified you before doing so. This information, together with the information you provide on the school consent form, is used to help administer this immunisation programme.

Information from the consent form and details of each immunisation given or declined will be recorded on a patient management system held by Health New Zealand | Te Whatu Ora (HNZ) for your district. The health number (National Health Index), demographic and vaccine details will also be recorded in the Aotearoa Immunisation Register (AIR), a national database administered by HNZ which records all immunisation activity for people in New Zealand.

Information recorded in the AIR will normally be shared with your child's enrolled General Practice and available to other health care practitioners as required for your child's health care. For more information about privacy for you and your child in relation to AIR, including how information in the AIR is used, please see [tewhatuora.govt.nz/air-privacy](http://tewhatuora.govt.nz/air-privacy) or contact [hnzprivacy@tewhatuora.govt.nz](mailto:hnzprivacy@tewhatuora.govt.nz)

Vaccinators may use information provided on this form:

- to contact your doctor or health centre if they need to check which immunisations your child has already been given,
- identify if your child has any health concerns, and/or
- to refer your child to their health provider or another local health provider for the immunisation if they missed it at school.

Information may also be used for planning, analysis and research purposes, in line with usual HNZ processes and where this is permitted under law. Any reports produced will not contain any identifiable information about you or your child.

Parents/guardians have the right to seek access their child's immunisation information (up to the age of 16 years) and to ask for it to be corrected if you think it is wrong. To request this please contact [hnzprivacy@tewhatuora.govt.nz](mailto:hnzprivacy@tewhatuora.govt.nz)

## Consumer medicine information

**Boostrix** is a vaccine used for booster vaccinations against tetanus, diphtheria and whooping cough (pertussis). The Boostrix vaccine is sometimes called Tdap (tetanus/ diphtheria/acellular pertussis).

The active ingredients of Boostrix are non-infectious substances from tetanus and diphtheria bacteria and purified proteins from the pertussis bacteria. The vaccine cannot cause any of these diseases. Each 0.5 ml dose of Boostrix contains 2.5Lf units of diphtheria toxoid, 5Lf units of tetanus toxoid and the pertussis antigens: 8 micrograms (mcg) of pertussis toxoid, 8 mcg of filamentous haemagglutinin and 2.5 mcg of pertactin.

Each 0.5 ml dose also contains tiny amounts of aluminium (as aluminium hydroxide and aluminium phosphate), 2-phenoxyethanol, sodium chloride and water. These ingredients are all commonly used in other medicines and vaccines.

**Gardasil®9** is a vaccine that helps prevent the following diseases caused by Human Papillomavirus (HPV) types 6, 11, 16, 18, 31, 33, 45, 52 and 58: cervical vulvar, vaginal and anal cancer, abnormal and precancerous cervical vulvar, vaginal, genital and anal lesions, genital warts, HPV infection and other HPV cancers.

Each 0.5 mL dose contains 30 micrograms (mcg) of HPV 6 L1 protein, 40 mcg of HPV 11 L1 protein, 60 mcg of HPV 16 L1 protein, 40 mcg of HPV 18 L1 protein, 20 mcg of HPV 31 L1 protein, 20 mcg of HPV 33 L1 protein, 20 mcg of HPV 45 L1 protein, 20 mcg of HPV 52 L1 protein, and 20 mcg of HPV 58 L1 protein. Each 0.5 mL dose also contains sterile water and tiny amounts of aluminium, salt (sodium chloride), L-histidine, polysorbate 80, and sodium borate. These ingredients are all used commonly in other medicines and vaccines.

The vaccine does not contain preservatives, antibiotics, or any human or animal materials. The vaccine is manufactured using yeast culture and may contain traces of yeast (*Saccharomyces*).

The safety of Gardasil®9 in pregnancy is unknown. Published data have not found any safety concerns among pregnant women who have been inadvertently vaccinated.

Your child should not have the vaccine if they have an allergy to Boostrix or Gardasil®9 or to any of their ingredients. Your child should not have the vaccines if they:

- have had blood clotting problems or problems with the nervous system following earlier immunisation against diphtheria and/or tetanus or HPV
- currently have a severe infection with a high temperature
- have experienced an inflammation/disease in the brain, which occurred in the seven days following a previous vaccination with a whooping cough (pertussis) vaccine
- have a neurological disorder that is not stable (Boostrix only).

If your child has any of the following conditions, please discuss the immunisation with your family doctor, practice nurse, or the vaccinator before consenting to it:

- a bleeding disorder
- an immune deficiency condition (eg, your child is HIV positive)
- a brain disease or a disease of the central nervous system, such as epilepsy or a tendency to febrile convulsions (seizures/fits due to a high fever)
- allergies to any other medicines or substances, such as dyes, foods and preservatives
- a previous serious reaction after receiving another vaccine containing tetanus, diphtheria and/or pertussis, or HPV
- is receiving any other medication or vaccines
- has never been given a vaccine for tetanus, diphtheria or pertussis or has not completed the full course of vaccinations for tetanus and diphtheria.

Common reactions are listed overleaf. Other adverse effects, such as allergic reactions, might rarely occur. These possible adverse effects are listed in the full Consumer Medicine Information and Datasheet available from Medsafe.

If there are any unusual or severe symptoms after vaccination, please contact your doctor or health care provider immediately. Health professionals should report reactions that happen after immunisation to the Centre for Adverse Reactions Monitoring (CARM). You can also report them directly through the CARM website: [otago.ac.nz/carm](http://otago.ac.nz/carm)