

Health & Immunisation Management Services



Experienced, cost effective vaccination and health services

CONSENT FOR CHILDHOOD IMMUNISATION

Please read immunisation information before completing consent. Any queries regarding vaccination can be discussed with the Registered Nurse, prior to immunisation.

Child's Family Name: _____ First Name: _____ 2nd Initial _____

Address: _____ Suburb: _____ Postcode: _____

Medicare Number: (10 digit) _____ - _____ Ref No. _____ * number next to name

Phone Number: _____ Date of Birth ____/____/____ Male Female

Do you identify as Indigenous or Torres Strait Islander? Yes / No (please circle)

Yes I have read and understood the information given to me about immunisation including the risks of the vaccination and the risks of not being vaccinated. I have been given the opportunity to discuss the risks and benefits with my nurse. I request my child be immunised with the vaccines recommended in the immunisation schedule for pre-school aged children as indicated. I understand that consent can be withdrawn at any time. I give permission for HAIMS to access my child details on the Australian Childhood Immunisation Register for obtaining a history of previous vaccinations in order to update records. It is advisable to wait 15 minutes after vaccination.

Vaccine	Antigen	Age (please circle)	Batch No	Nurse Signature
Hexa	Tetanus Diphtheria whooping cough /HIB Hepatitis B and Polio	2mth 4mths 6mths		
Prevenar 13	Pneumococcal	2mth 4mths 6mths		
Rotateq	Rotavirus	2mth 4mths 6mths		
Menitorix	Meningococcal C Haemophilus influenzae Type B	12 months		
MMR	Measles Mumps Rubella	12 months, 4years		
Priorix-Tetra	Chicken Pox/MMR	18 months		
IFX/IPV	Tetanus Diphtheria Whooping Cough, Polio	4 years		
HAP	Hepatitis A	12months 18 months (Indigenous)		
Prevenar 13	Pneumococcal	12 months medically at risk and Indigenous		
Pneumococcal	Pneumovax 23	4 years medically at risk		
Other				

Office Use Only

Birth	2mth	4mth	6mths	12mths	18mths
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Are you the Parent / legal guardian YES NO

Parent or legal guardian must complete consent form. If not, consent MUST be obtained verbally (by phone)

Parent/Guardian Signature: _____ Print Name: _____ DATE ____/____/____

Name of RN taking Verbal Consent: _____