

1. Complete BOTH sides of card 2. Tick the relevant boxes below, SIGN and RETURN this card to the school

Student name:

Meningococcal ACWY vaccine

Meningococcal B vaccine

YES

I consent for this student to receive the meningococcal ACWY vaccine.

Parent/Legal Guardian/Self (16 years and over) signature:

Please circle

SIGN
HERE

_____ Date: ____ / ____ / ____

YES

I consent for this student to receive **2 doses** / or the adolescent booster dose of the meningococcal B vaccine, as clinically indicated*.

*Determined by School Immunisation Provider assessment of previous vaccination history.

Parent/Legal Guardian/Self (16 years and over) signature:

Please circle

SIGN
HERE

_____ Date: ____ / ____ / ____

NO

I do not consent for this student to receive the meningococcal ACWY vaccine.

If the student received a meningococcal ACWY vaccine before 14 years of age, they should have another dose now.

Parent/Legal Guardian/Self (16 years and over) signature:

SIGN
HERE

_____ Date: ____ / ____ / ____

NO

I do not consent for this student to receive the meningococcal B vaccine.

If the student has received previous doses of meningococcal B vaccines before 14 years of age, they should have another dose now.

Parent/Legal Guardian/Self (16 years and over) signature:

SIGN
HERE

_____ Date: ____ / ____ / ____

Comments

Comments

Office Use Only (Parent/Legal Guardians/Student DO NOT COMPLETE)

Meningococcal ACWY vaccine

Student ID and consent verified

Date: / /

Time: Batch No:

L arm

R arm Given by:

Meningococcal B vaccine Dose 1 / adolescent booster dose

Student ID and consent verified

Date: / /

Time: Batch No:

L arm

R arm Given by:

Meningococcal B vaccine Dose 2

Student ID and consent verified

Date: / /

Time: Batch No:

L arm

R arm Given by: