

1. Parent/Legal Guardians to complete BOTH sides of card 2. Tick the relevant boxes below, SIGN and RETURN this card to the school

Student name:

Human papillomavirus (HPV)

YES

I consent for this student to receive the the Human papillomavirus (HPV) vaccine.

Parent/Legal Guardian signature:

SIGN HERE

_____ Date: ____ / ____ / ____

NO

I do not consent for this student to receive the human papillomavirus (HPV) vaccine.

Parent/Legal Guardian signature:

SIGN HERE

_____ Date: ____ / ____ / ____

Comments

Diphtheria, tetanus, whooping cough booster (dTpa)

YES

I consent for this student to receive the adolescent booster dose of the diphtheria, tetanus and whooping cough (dTpa) vaccine. This is in addition to all other childhood doses.

Parent/Legal Guardian signature:

SIGN HERE

_____ Date: ____ / ____ / ____

NO

I do not consent for this student to receive the diphtheria, tetanus, pertussis (dTpa) vaccine.

If the student has received previous doses of a dTpa vaccine before 10 years of age, they require another dose now.

Parent/Legal Guardian signature:

SIGN HERE

_____ Date: ____ / ____ / ____

Comments

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

Human papillomavirus (HPV) vaccine

Student ID and consent verified

Date: / /

Time: Batch No:.....

L arm

R arm Given by:

Diphtheria, tetanus, pertussis (dTpa) vaccine

Student ID and consent verified

Date: / /

Time: Batch No:.....

L arm

R arm Given by: