2025 Year 7 SA School Immunisation Program Consent Card

- 1. Please complete this form even if not consenting, and select 'do not consent' over the page.
- 2. Parent/Legal Guardian to complete ALL details fully using blue or black pen in BLOCK LETTERS
- 3. Complete BOTH sides of card

(Mobile)

4. RETURN card to the school (even if not consenting)



Year 7 student details	Yea					
Name of School	Pleas					
Class (Home Room, Colour, etc)	h					
Legal/Official Family Name	h					
Legal/Official Given Name(s)	h					
Date of Birth/ Age Preferred Name	Plea					
Male Female Another term Prefer not to say						
Medicare number Reference number next to student's name	Befo cha n					
OR IHI number	Pa					
Street address	Se					
Suburb						
Aboriginal and Torres Strait Islander Aboriginal Torres Strait Islander Neither						
Main language spoken at home	•					
Parent/Legal Guardian details	•					
Mr / Mrs / Miss / Ms (please circle)						
Family Name						
Given Name(s)						
Relationship to Student Parent Legal Guardian						
Contact Phone (Home/Work)(Mobile)						
Email						
Email and phone numbers may be used to clarify information if required.						
Alternative emergency contact (school hours only) Name						
Relationship to StudentContact Phone (Home/Work)						

	Year 7 pre-vaccination checklist Please tick the appropriate box(es) if the student:				
	has previously had a reaction to a vaccine has ever fainted when given an injection is taking any medication has any allergies/Allergy Plan	is pregnant has a bleeding disorder has lowered immunity (e.g. leukaemia, cancer HIV/AIDS, radiotherapy, chemotherapy or oral steroids)			
	Please describe				
Before vaccination, the nurse will ask the student about the above information and must be informed of a changes as it may be several weeks or more between completing this card and receiving the vaccine(s).					
	Parent/Legal Guardians please read the following before completing the consersection on the other side of this card.				
	 I have read and understood the information on the Year 7 Parent/Legal Guardian Information Sheet including the risk of vaccination and the risk of diphtheria, tetanu 				

- whooping cough and human papillomavirus (HPV).
 I understand that I can contact my School Immunisation Program provider to discuss these risks and benefits.
- I understand that I can withdraw consent at any time before vaccination takes place by contacting the School Immunisation Program provider.
- I understand the information provided on the Consent Card, and information related
 to vaccines administered will be stored electronically and/or in hard copy as a
 medical record. I consent to disclosure of this information to staff involved in the
 provision of an immunisation service for SA Health and local government councils
 and their immunisation providers. I understand that immunisation records will be
 recorded on the Australian Immunisation Register where it will be stored on the
 student's Medicare account.

Please complete the required information over the page



For more information
Immunisation Section
Communicable Disease Control Branch
sahealth.sa.gov.au/schoolimmunisationprogram

OFFICIAL: Sensitive//Medical in confidence

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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)		Diphtheria, tetanus, whooping cough booster (dTpa)				
YES	I consent for this student to receive the (HPV) vaccine.	e the Human papillomavirus	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.		
SIGN HERE	Parent/Legal Guardian signature:	Date: / /	SIGN HERE	Parent/Legal Guardian signature: Date://		
NO	I do not consent for this student to red (HPV) vaccine.	ceive the human papillomavirus	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.		
SIGN HERE	Parent/Legal Guardian signature:	Date: / /	SIGN HERE	Parent/Legal Guardian signature: Date://		
Comme	nts		Comme	nts		
Office Use Only (Parent/Legal Guardians/Student DO NOT COMPLETE)						
	Human papillomavirus (HPV) vaccine			Diphtheria, tetanus, pertussis (dTpa) vaccine		
	Student ID and consent verified			Student ID and consent verified		
	Date: /			Date: /		
	Time: Batch No:			Time: Batch No:		
	L arm			L arm		
	R arm Given by:			R arm Given by:		