

Please complete and **return this form** to school, even if you decide not to immunise your child at school. It is a legal requirement to give consent to receive the vaccine and authorise release of information as discussed below.



Meningococcal ACWY vaccination

In the Northern Territory, **all students** are eligible to receive the Meningococcal ACWY vaccine. If your child can't be vaccinated at school or misses out because of illness or absence, you can visit a Community Care Centre or GP for vaccination. The vaccine is free however, be aware that if visiting a GP you may have to pay a consultation fee. Missed doses of vaccine should be completed before the end of the current school year.

Information and Consent for Vaccination

■ What is meningococcal disease and how is it spread?

- **Meningococcal disease** is a rare but serious infection. It can cause blood poisoning (septicaemia) or inflammation of the lining of the brain and spinal cord (meningitis). Complications from meningococcal infection include limb deformity, skin scarring, deafness and death in up to 10% of people. Pneumonia (severe chest infection), arthritis and conjunctivitis may also occur. The meningococcal germ does not spread easily from person to person and requires close and prolonged contact with a person carrying the bacteria who is usually completely well. An example of 'close and prolonged contact' is living in the same household.

For more information please visit:

www.nt.gov.au/wellbeing/health-conditions-treatments/bacterial/meningococcal-disease

■ What is the meningococcal A,C,W,Y vaccine?

The vaccine is given as an injection (needle) into the upper arm. One dose of meningococcal ACWY conjugate vaccine protects against four types (A,C,W,Y) of meningococcal disease. The vaccine does not protect against meningococcal disease caused by type B.

■ Are the vaccines safe?

Yes, the vaccines are very safe. Most vaccines can cause mild reactions which are usually short lasting and do not need medical treatment. Adverse reactions such as severe allergic reactions (anaphylaxis) are rare. Common side effects are injection site pain, redness and swelling, muscle pain, headache, nausea, decreased appetite, drowsiness and fever. Putting a cool wet cloth on the injection site and giving paracetamol (Panadol®) helps to relieve pain and lower temperature.

Student Details

Student First Name: _____ Student Last Name: _____

Other Legal Names (if applicable): _____

Sex: ☐ Male ☐ Female

Date of Birth: ____ / ____ / ____

Address: _____

Medicare No:

☐ Non-Aboriginal ☐ Aboriginal ☐ Aboriginal and Torres Strait Islander ☐ Torres Strait Islander

School: _____ Class/Year: _____

Any severe reactions to previous vaccines ☐ No ☐ Yes - list _____

Previous Meningococcal ACWY vaccine ☐ No ☐ Yes - Date given: ____ / ____ / ____

Pre-Vaccination Checklist

Your consent is required before your child can be vaccinated at school. Your child shouldn't get the meningococcal ACWY needle if:

- They have previously received this vaccine.
- They are known to have had a severe reaction to a needle before.
- They have had a serious allergic reaction to latex or diphtheria toxin.
- They have a high fever of 38.5°C or above on the day of immunisation.

Consent for Vaccination - For Parent / Guardian to complete

I consent for my child to receive the **Meningococcal ACWY vaccine** and the information being recorded*. *Tick one box only.*



☐ **YES**

☐ **NO**

Parent / Guardian Name: _____ Daytime phone contact: _____

Email: _____

Parent / Guardian Signature: _____ Date: _____

Privacy Information

*The information on this form will be recorded on the NT Immunisation Register and later transferred to the Australian Immunisation Register (AIR). Inclusion on these registers is voluntary. All personal information collected by the NT Department of Health will be handled in accordance with the *Information Act* and the Department's Privacy Policy. Personal information disclosed to AIR is subject to the *Privacy Act* (Commonwealth).

For further information on privacy laws, visit: <https://infocomm.nt.gov.au/about-us/the-information-act>

Office use only

Vaccine Dose	Date Given	Batch Number	Site		Vaccinator Name
Men ACWY #1			Left	Right	

Reason **not** vaccinated: ☐ Absent ☐ Refused ☐ Unwell ☐ No consent ☐ Missed dose letter sent ____ / ____ / ____

For further information regarding the School Vaccination Program please contact: Darwin **8922 8044** or Regional Centres: Katherine **8973 9049**; Alice Springs **8951 7549**; Nhulunbuy **8987 0357**; Tennant Creek **8962 4259**.