

First Name: _____ Last Name: _____

Sex: Male Female Date of Birth: ____ / ____ / ____

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

Community: _____ Any severe reaction to previous vaccines No Yes - list

In the Northern Territory all people of Aboriginal and Torres Strait Islander descent aged 6 months and over are eligible to receive an influenza (flu) vaccine every year.

Influenza (Flu) Vaccine Consent Form

What is influenza (flu)?

Influenza or flu is a respiratory infection which spreads from person to person through the air and on your hands. If you get the flu you may get a high fever, bad cough, joint pains, body aches, have difficulty breathing and feel really tired. Most people only get sick for a week but some people get sicker and need to go to hospital. The flu can cause pneumonia or bronchitis, and can make some existing illnesses worse. Some people can die from the flu.

Can influenza (flu) be prevented?

Yes, flu can be prevented by vaccination. The flu needle protects you from three different types of flu. Because the flu changes all the time and the vaccine wears out, it is recommended to get a flu needle every year.

How is the vaccine given?

The vaccine is given as an injection (needle) into a muscle in the upper arm.

What about side effects?

The flu vaccine is a safe and effective vaccine. It does not contain any live virus, so people can not catch the flu from having the vaccine.

Common side effects of the vaccine include pain, redness and swelling at the injection site for 1-2 days, mild fever and muscle pains. Putting a cool wet cloth on the injection site and giving paracetamol (Panadol[®]) helps to relieve pain and lower the temperature. Severe allergic reactions are rare.

Consent for Vaccination - For Parent / Guardian to complete

Your consent is required before your child can be vaccinated at school. Your child shouldn't get the influenza (flu) needle if:

- They are known to have had a severe reaction to a needle before.
- They have a high fever on the day of the needle.
- They have had a serious allergic reaction to chicken eggs.

I consent for my child to receive the **influenza (flu) vaccine** and for the information to be recorded*.

▶ *Tick one box only* **YES** **NO**

Parent / Guardian Name: _____ Phone contact: _____

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://nt.gov.au/law/rights/freedom-of-information>

Office use only

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

Reason **not** vaccinated: Absent Refused Unwell No consent Other _____

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**.