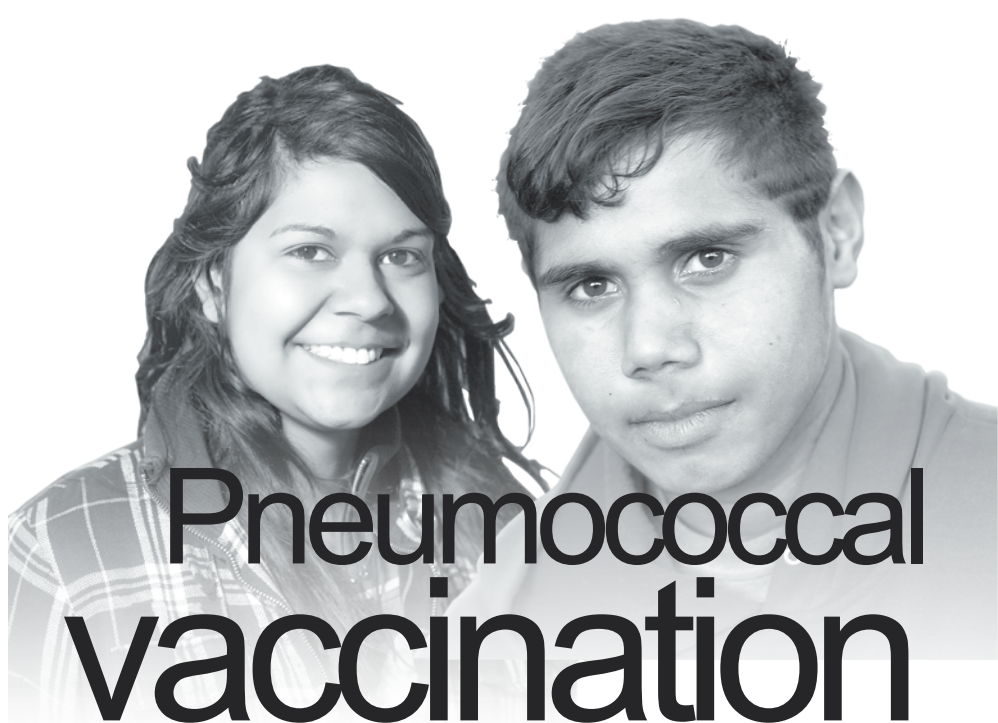


Please complete and **return this form** to school, even if you decide not to immunise your child at school. It is a legal requirement to give consent to receive the vaccine and authorise release of information as discussed below.



Aboriginal people aged 15 years

In the Northern Territory, **Aboriginal people aged 15 years (Year 10)** are eligible to receive a pneumococcal (Pneumovax®23) 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, Aboriginal Health Service or GP for vaccination. The vaccine is free however, be aware that if visiting a GP you may have to pay a consultation fee.

Information and Consent for Vaccination

■ What is pneumococcal disease?

Many healthy people carry the pneumococcal bacteria in their nose and throat; especially young children. There are more than 90 different types of pneumococcal bacteria. The bacteria can be spread to others by direct oral contact such as kissing or contact with articles soiled with infected mouth or nose secretions. Occasionally the bacteria will cause an infection by invading the body or blood stream most commonly resulting in pneumonia. It is uncommon to get infected from a person who is sick with pneumococcal disease.

■ Why only offer this vaccine to students of Aboriginal descent?

Anyone can get pneumococcal disease though it is more common for young children, the elderly, Aboriginal people, people who smoke, people with chronic illness and those with weakened immune systems to contract the disease and become unwell.

All babies and older people are routinely vaccinated. Since 2001 Aboriginal children from age 15 years have also been offered a vaccine in the NT. The vaccine offered helps protect people from 23 different types of the pneumococcal bacteria.

■ How is the vaccine given?

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

■ What about side effects?

Common side effects of the vaccine include tenderness, redness and swelling at the injection site for 1-2 days, and/or a mild fever. Putting a cool wet cloth on the injection site and giving paracetamol helps to relieve pain and lower temperature. Severe allergic reactions are very rare.

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: _____

Allergies: ☐ No ☐ Yes - list _____

Pre-Vaccination Checklist

Your consent is required before your child can be immunised at school. Your child should not be immunised if any of the following apply:

- They have had a pneumococcal (Pneumovax®23) vaccination in the past five years
- They are known to have had a severe reaction to any vaccine or part of a vaccine
- They have a fever of 38.5°C or above on the day of immunisation
- They are pregnant or could be pregnant.

Consent for Vaccination - For Parent / Guardian to complete

I consent for my child to receive the **Pneumococcal (Pneumovax®23) 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 then 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 the Australian Register 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
Pneumovax®23 #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**.