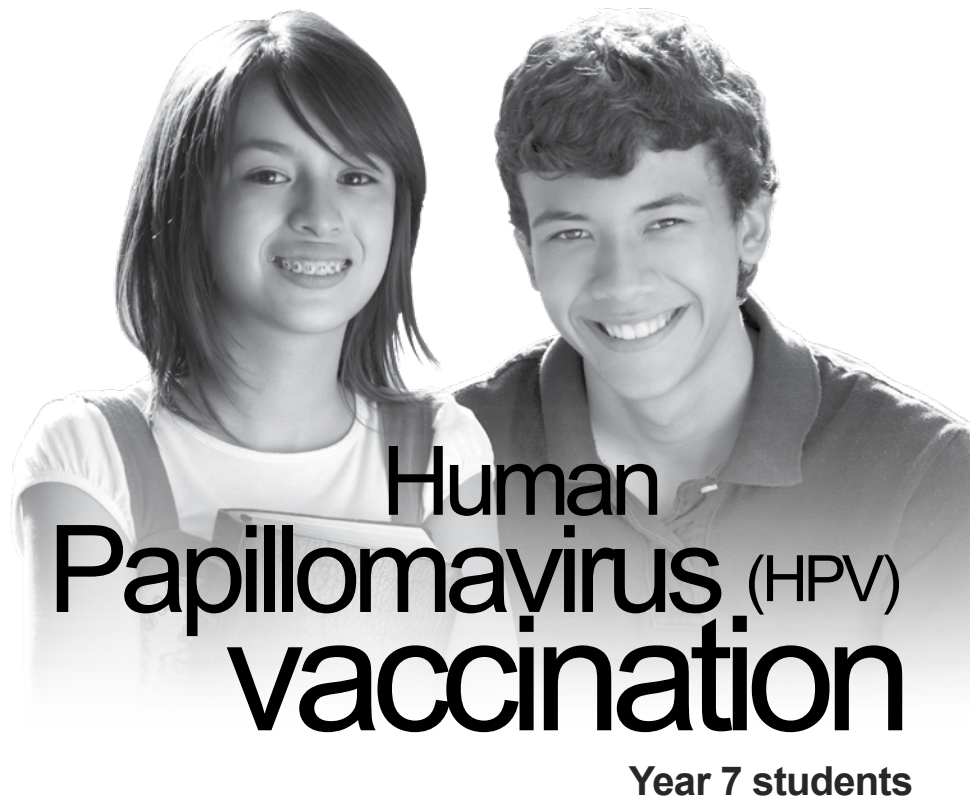


Please complete and **return this form** to school, even if you decide not to immunise your child at school. It is a legal requirement to give consent to receive the vaccine and authorise release of information as discussed below.



In the Northern Territory, **all students in Year 7** are eligible to receive Human Papillomavirus vaccines. If your child can't be vaccinated at school or misses out because of illness or absence, you can visit a Health Centre or GP for follow-up vaccination. The vaccines are free however be aware that if visiting a GP you may have to pay a consultation fee. One HPV vaccine is now recommended for all people aged 9-26 years. People who are severely immunocompromised may require 3 doses. Please speak to your school nurse or GP if you think your child may be severely immunocompromised.

## Information and Consent for Vaccination

### ■ What is Human Papillomavirus (HPV)?

HPV is a very common virus in women and men. Most people (4 out of 5) will have it at some point in their lives and never know it. There are many different types of HPV. Some types are harmless, but other types affect the genital area and can cause genital warts and some cancers. HPV is most common in young people in their late teens and early twenties. There is no cure for HPV however a vaccine can now be given to protect females and males against some of the common types of HPV infection that can cause genital warts, cervical cancer and some cancers of the vulva, vagina, penis and anus and head and neck.

### ■ How do people get HPV?

HPV is spread from one person to another during all types of sexual activity involving genital contact. Since HPV usually causes no symptoms, most people get HPV and pass it on without realising it. Most of the time, the body naturally fights off HPV, before it causes any health problems but sometimes HPV infections are not cleared and can cause cancer and disease.

### ■ What about the HPV vaccine?

The HPV vaccine is safe and effective vaccine and helps protect against HPV related cancers and genital warts. Vaccinating both boys and girls will help to reduce the spread of these viruses. The vaccine does not protect against all types of HPV infection and does not protect people already infected with HPV. The vaccine provides the best protection when it is given before a person becomes sexually active. Even if vaccinated against HPV, women will need to continue to have regular cervical screening tests and men should continue to have regular health checks. The vaccine course is one dose only, or 3 doses for an immunocompromised child. Please refer to <http://immunisationhandbook.health.gov.au/>

### ■ What are the possible side effects?

Common side effects are discomfort, redness, pain and swelling at the injection site for 1-2 days. Other symptoms may include headache, fever and nausea. Putting a cool wet cloth on the injection site and giving paracetamol helps to relieve symptoms. Fainting, the most common immediate reaction to any vaccine in older children and teenagers may occur 5-30 minutes following vaccination. Severe allergic reactions are 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: \_\_\_\_\_

Any severe reactions to previous vaccines  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 are known to have had a severe reaction to a vaccine before
- They have had a serious allergic reaction to yeast
- 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 one dose of the **Human Papillomavirus vaccine** and the information recorded\*. *Tick one box only.*

**YES**  **NO**

Parent / Guardian Name: \_\_\_\_\_ Daytime phone contact: \_\_\_\_\_

Email: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Privacy Statement:

\*The information on this form will be recorded on the Australian Immunisation Register (AIR) and immunisation records can be accessed through MyGov. All personal information collected and disclosed to AIR by the Department of Health (NT) will be handled in accordance with the Information Act 2002 (the Act) including the requirements set by the Information Privacy Provisions (IPPS) at schedule 2 of the Act. The Department of Health takes all reasonable steps to ensure the information we collect is stored securely, protecting it from misuse, loss, unauthorized access, modification or disclosure. All information disclosed to AIR(Cth) is subject to the Australian Immunisation Register Act 2015 and the Privacy Act 1988 (Cth). For further information please contact 08 8999 2880 or email: [infoprivacyhealth.ths@nt.gov.au](mailto:infoprivacyhealth.ths@nt.gov.au)

### Office use only

Vaccine Dose	Date Given	Batch Number	Site		Vaccinator Name
HPV # 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**. Visit [www.hpvvaccine.org.au](http://www.hpvvaccine.org.au)