



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** in Year 9 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 Health 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.

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 _____

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 are known to have had a severe reaction to a vaccine 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.

NOTE: Some children will have received a dose of meningococcal ACWY vaccine from 2017 as part of the meningococcal ACWY vaccine program. Having an additional dose of meningococcal ACWY vaccine is safe and provides ongoing protection. It is preferable to leave at least 4 weeks between the last Meningococcal ACWY dose for optimal protection.

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 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

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**.