



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 B vaccination

- In the Northern Territory, all people who live, work or attend school in an identified risk area are now eligible for the Meningococcal B vaccine.
- If your child can't be vaccinated at school or misses out because of illness or absence, you can visit a health clinic for the missed vaccines.

Information and Consent for Vaccination

- Meningococcal disease is a rare but severe infection that occurs when meningococcal bacteria invade the body from the nose or throat. Meningococcal bacteria are carried in the nose and throat of a small proportion of healthy people (about 10%) and are spread through close prolonged contact.
- There are several different strains of meningococcal bacteria. The main strains that cause meningococcal disease are A, B, C, W and Y. There is a current meningococcal ACWY vaccine at 12 months and year 9 on the National Immunisation Program.
- Most people with meningococcal infection fully recover, but some people can develop long-term health complications including limb deformity, skin scarring, deafness and brain damage and fatal in 5-10% of cases. The disease can occur rapidly and may be difficult to diagnose early.
- 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 injection site discomfort.

Student Details

Student First Name: _____ Student Last Name: _____

Other Legal Names: _____ Date of Birth: _____

Sex: ☐ Male ☐ Female

Community: _____

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 any vaccine
- They have a fever of 38.5°C or above on the day of immunisation
- They are pregnant or could be pregnant.

NOTE: All adolescents 14 years and over require 2 doses of meningococcal B vaccine 8 weeks apart, regardless of previous doses on meningococcal B vaccines.

Consent for Vaccination - For Parent / Guardian to sign

I consent for my child to receive: **Meningococcal B vaccine**
Tick one box only.



☐ **YES**

☐ **NO**

Parent / Guardian Name: _____ Daytime phone contact: _____

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
Meningococcal B #1			Left <input type="checkbox"/> Right <input type="checkbox"/>	
Meningococcal B #2			Left <input type="checkbox"/> Right <input type="checkbox"/>	

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**. or visit <http://www.health.gov.au/diseases/japanese-encephalitis>