

1. Complete BOTH sides of card 2. Tick the relevant boxes below, SIGN and RETURN this card to the school

Student name:

Meningococcal ACWY vaccine

YES I consent for this student to receive the meningococcal ACWY vaccine.

Note: If the student has received a previous dose of meningococcal ACWY vaccine before 14 years of age, 1 further dose is required at school.

Parent/Legal Guardian/Self (16 years and over) signature:

Please circle

SIGN HERE Date: ____/____/____

OR

NO I do not consent for this student to receive the meningococcal ACWY vaccine.

I would like to be contacted by the School Immunisation Program Provider to discuss further.

Parent/Legal Guardian/Self (16 years and over) signature:

SIGN HERE Date: ____/____/____

Comments

Meningococcal ACWY vaccine

Student ID and consent verified

Date: / /

Time: Batch No:

L arm

R arm Given by:

Meningococcal B vaccine

YES I consent for this student to receive 2 doses / or the adolescent booster dose of the meningococcal B vaccine, as clinically indicated.

Note: If the student has received any previous dose/s of meningococcal B vaccine before 14 years of age:

1 valid dose received – 2 further doses required at school.

2 valid doses received – 1 further dose required at school.

Parent/Legal Guardian/Self (16 years and over) signature:

Please circle

SIGN HERE Date: ____/____/____

OR

NO I do not consent for this student to receive the meningococcal B vaccine.

I would like to be contacted by the School Immunisation Program Provider to discuss further.

Parent/Legal Guardian/Self (16 years and over) signature:

SIGN HERE Date: ____/____/____

Comments

Office Use Only (Parent/Legal Guardians/Student DO NOT COMPLETE)

Meningococcal B vaccine

Dose 1 Dose 2 Dose 3

Student ID and consent verified

Date: / /

Time: Batch No:

L arm

R arm Given by:

Meningococcal B vaccine

Dose 2 Dose 3

Student ID and consent verified

Date: / /

Time: Batch No:

L arm

R arm Given by: