

1. Parent/Legal Guardians to complete BOTH sides of card 2. Tick the relevant boxes below, SIGN and RETURN this card to the school

Student name:

Human papillomavirus (HPV)

YES I consent for this student to receive the human papillomavirus (HPV) vaccine.

Parent/Legal Guardian signature: _____

SIGN HERE _____ Date: ____/____/____

OR

NO I do not consent for this student to receive the human papillomavirus (HPV) vaccine.
 I would like to be contacted by the School Immunisation Program Provider to discuss further.

Parent/Legal Guardian signature: _____

SIGN HERE _____ Date: ____/____/____

Comments

Diphtheria, tetanus, whooping cough booster (dTpa)

YES I consent for this student to receive the adolescent booster dose of the diphtheria, tetanus and whooping cough (dTpa) vaccine.
This is in addition to all other childhood doses.

Parent/Legal Guardian signature: _____

SIGN HERE _____ Date: ____/____/____

OR

NO I do not consent for this student to receive the diphtheria, tetanus, whooping cough (dTpa) vaccine.
 I would like to be contacted by the School Immunisation Program Provider to discuss further.

Parent/Legal Guardian signature: _____

SIGN HERE _____ Date: ____/____/____

Comments

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

Human papillomavirus (HPV) vaccine

Student ID and consent verified

Date:/...../.....

Time: Batch No:

L arm

R arm Given by:

Diphtheria, tetanus, pertussis (dTpa) vaccine

Student ID and consent verified

Date:/...../.....

Time: Batch No:

L arm

R arm Given by: