

No: My child has already had the disease and therefore does not need the vaccine.	No: My child has already had the vaccine and therefore does not need the vaccine. (Please sign and write date when administered)
	Date: / /
Parent/guardian signature:	Parent/guardian signature:

OR

No: After reading the information provided, I do not wish to have my child immunised with the chickenpox vaccine at this time.
Parent/guardian signature: _____ Date: / /

Pre-immunisation checklist

Before you have your child immunised, check this list.

If any of the situations apply to your child, tell the doctor or nurse before immunisation in case the vaccine needs to be deferred:

- Are unwell on the day of immunisation (temperature over 38.5°C)
- Has any severe allergies
- Has had a severe reaction following any vaccine
- Has a disease or is having a treatment which causes low immunity (for example HIV/AIDS, leukaemia, cancer, radiotherapy or chemotherapy)
- Is taking steroids of any sort other than inhaled asthma sprays or steroid creams (for example cortisone or prednisone)
- Is pregnant
- Has received immunoglobulin or a blood transfusion in the last three months or intravenous immunoglobulin in the last nine months

People who are receiving immunisation should remain at the place of immunisation for a period of 15 minutes.

If you require further advice or information, please contact your Local Council health department or doctor.

Privacy statement

The information you provide on this consent card is for the sole purpose of monitoring immunisation programs by the State and Australian Governments. The data will be kept confidential and identifying information will not be disclosed for any other purpose. You can access your information by contacting your immunisation provider.

Immunisation provider stamp:

How to complete the consent card after reading the information attached:

Chickenpox (Varicella) Immunisation consent card
Recommended vaccine for Year 7 secondary school students who have not had chickenpox

Please read both sides of the consent form and attached fact sheet before completing and signing.

Surname: CITIZEN	First name: MARK
Residential address: 20 BLOCK STREET	
MELBOURNE	Postcode: 3000
Date of birth: 1 / 1 / 1988	Sex: <input type="checkbox"/> Female <input checked="" type="checkbox"/> Male
Telephone: (BH) 9123 4567	(AH) 9123 4567
School: BLOCK HIGH SCHOOL	Homegroup: 7A

Parent/guardian, please sign if you agree to your child receiving chickenpox immunisation.

YES: I have read and understand the information given to me about vaccination, including risks and side effects. I understand that I am giving consent for a dose of chickenpox vaccine to be administered. I have been given the opportunity to discuss the risks and benefits of vaccination with an immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place.

If your child has had the disease or a chickenpox vaccine in the past, further vaccination is not required (see back of card)

I am authorised to give consent for the above child to be vaccinated.

Name of parent/guardian (please print): _____
Parent/guardian signature: _____ Date: / /

See the back of this card if the vaccine is not to be given.

Office use only:
Date dose given: _____

For all children



Please complete with the details of the child.

Then



Complete this section if you wish to have your child immunised.

OR

Complete this section if your child has previously been immunised for chickenpox or has had the disease.

Complete this section if you do not wish to have your child immunised.



No: My child has already had the disease and therefore does not need the vaccine.	No: My child has already had the vaccine and therefore does not need the vaccine. (Please sign and write date when administered)
	Date: / /
Parent/guardian signature:	Parent/guardian signature:

OR

No: After reading the information provided, I do not wish to have my child immunised with the chickenpox vaccine at this time.
Parent/guardian signature: _____ Date: / /

Pre-immunisation checklist

Before you have your child immunised, check this list.

If any of the situations apply to your child, tell the doctor or nurse before immunisation in case the vaccine needs to be deferred:

- Are unwell on the day of immunisation (temperature over 38.5°C)
- Has any severe allergies
- Has had a severe reaction following any vaccine
- Has a disease or is having a treatment which causes low immunity (for example HIV/AIDS, leukaemia, cancer, radiotherapy or chemotherapy)
- Is taking steroids of any sort other than inhaled asthma sprays or steroid creams (for example cortisone or prednisone)
- Is pregnant
- Has received immunoglobulin or a blood transfusion in the last three months
- Is taking steroids of any sort or intravenous immunoglobulin in the last nine months

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Immunisation provider stamp:

October 2009 PH5010

Chickenpox (Varicella)

Recommended vaccine for Year 7 secondary school students who have not had chickenpox

Important information:

- Please read the information provided before completing the consent card.
- Local Council will be visiting your school soon for this immunisation program.
- If your child has had the disease, or previous chickenpox vaccination, they do not need the vaccination.
- If you have any questions or medical information that will assist council, please either contact your local council or note on the consent form.
- It is important that **all** cards are returned to school (even if your child is not being vaccinated) as this assists in monitoring the protection against chickenpox in Victoria.



immunisation for life
www.health.vic.gov.au/immunisation

Chickenpox (Varicella)

Immunisation information

Chickenpox

Chickenpox is a highly contagious infection caused by the varicella-zoster virus. Chickenpox is spread through coughs and sneezes and through direct contact with the fluid in the blisters of the rash.

It is usually a mild disease of short duration in healthy children; sometimes chickenpox will develop into more severe illness such as bacterial skin infections resulting in scarring, pneumonia or inflammation of the brain. Adults who contract chickenpox generally experience more severe symptoms. Chickenpox may also be a risk to the unborn baby if contracted during pregnancy. Chickenpox can cause serious illness and even death in all ages.

The incubation period for chickenpox is 10 to 21 days, followed by the appearance of a rash of red spots initially, then becoming blisters within hours. The spots usually appear on the trunk, face and other parts of the body. Most people infected with chickenpox have a fever and feel unwell and may experience severe itching.

Anyone who has never had chickenpox before can catch it.

Any person with a reliable history of chickenpox infection is considered immune and does not require the vaccine. About 75% of people catch chickenpox before 12 years of age.

Chickenpox vaccine

The chickenpox vaccine contains modified live virus at a reduced strength and a small amount of the antibiotic, neomycin.

Possible side effects of chickenpox vaccine

Most side effects are minor and quickly disappear. If the following reactions occur, it will be soon after the immunisation:

- Fever over 39°C
- Soreness, redness and swelling at the injection site
- A temporary small lump at the injection site

Uncommon side effects

About two to five chickenpox like spots may occur usually at the injection site and sometimes on other parts of the body between five and 26 days after vaccination.

In these circumstances, the onset of a rash following chickenpox vaccine

would indicate that the person should **avoid immunocompromised people for the duration of the rash.**

A very mild dose of chickenpox may occur one or more years after vaccination, as the vaccine is not fully effective in every person.

Extremely rare side effect

- Severe allergic reaction

If mild reactions do occur they may last one to two days. The side effects can be reduced by:

- Drinking extra fluids
- Not overdressing
- Placing a cold wet cloth on the sore injection site
- Taking paracetamol to reduce discomfort

If reactions are severe or persistent, or if you are worried, contact your doctor or hospital.

Some children may need to have one, two or three injections on the same day. More than one injection does not increase the chance of a child having a reaction to the vaccines.

Further information

The following websites offer resources and further information

www.health.vic.gov.au/immunisation
(including information in other languages)

www.immunise.health.gov.au

Pre immunisation checklist

Before your child is immunised, tell the doctor or nurse if any of the following apply:

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- Has had a severe reaction following any vaccine
- Has a disease or is having treatment which causes low immunity (for example HIV/AIDS, leukaemia, cancer, radiotherapy or chemotherapy)
- Is taking steroids of any sort other than inhaled asthma sprays or steroid creams (for example cortisone or prednisone)
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Chickenpox (Varicella) Immunisation consent card

Recommended vaccine for Year 7 secondary school students who have not had chickenpox

Please read both sides of the consent form and attached fact sheet before completing and signing.

Surname:	First name:
Residential address:	
Postcode:	
Date of birth: / /	Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male
Telephone: (BH)	(AH)
School:	Homegroup:

Detach and return consent card to school

Parent/guardian, please sign if you agree to your child receiving chickenpox immunisation.

YES: I have read and understand the information given to me about vaccination, including risks and side effects. I understand that I am giving consent for a dose of chickenpox vaccine to be administered. I have been given the opportunity to discuss the risks and benefits of vaccination with an immunisation provider. I understand that consent can be withdrawn at any time before vaccination takes place.

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