

No: My child has already had diphtheria, tetanus and whooping cough vaccine (please sign and write the date when administered) and therefore does not need the vaccine

Parent/guardian signature:

Date: / /

OR

No: After reading the information provided, I do not wish to have my child immunised with diphtheria, tetanus and whooping cough 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 your doctor or nurse before immunisation in case the vaccine needs to be deferred:

- Is unwell on the day of immunisation (temperature over 38.5°C)
- Has had severe reactions to any vaccine
- Is pregnant (the person to be vaccinated)

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:

Adolescent diphtheria, tetanus and pertussis (whooping cough) Immunisation consent card

Recommended vaccine for Year 10 secondary school students

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

Surname: CITIZEN	First name: MARY
Residential address: 20 BLOCK STREET	
MELBOURNE	Postcode: 3000
Date of birth: 2 / 2 / 1987	Sex: <input checked="" type="checkbox"/> Female <input type="checkbox"/> Male
Telephone: (BH) 9876 5432	(AH) 9876 5432
School: BLOCK HIGH SCHOOL	Homegroup: JOB

Parent/Guardian, please sign if you agree to your child receiving diphtheria, tetanus and whooping cough 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 diphtheria, tetanus and whooping cough 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 I understand that consent can be withdrawn at any time before vaccination takes place.

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

Name of parent or 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:

OR

Complete this section if your child has previously been immunised for adolescent diphtheria, tetanus and whooping cough and does not require vaccination.

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

For all children



Please complete with the details of the child.

Then



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



No: My child has already had diphtheria, tetanus and whooping cough vaccine (please sign and write the date when administered) and therefore does not need the vaccine

Parent/guardian signature: Date: / /

OR

No: After reading the information provided, I do not wish to have my child immunised with diphtheria, tetanus and whooping cough vaccine at this time.

Parent/guardian signature: Date: / /

Pre-immunisation checklist

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Immunisation provider stamp:

August 2008 PH782 (PCH)



An Australian, State and Territory Governments initiative

Adolescent diphtheria, tetanus and whooping cough (pertussis)

Recommended vaccine for Year 10 secondary school students

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 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 diphtheria, tetanus and whooping cough in Victoria.

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

Adolescent diphtheria, tetanus and whooping cough

Immunisation information

Diphtheria

Diphtheria is caused by bacteria which are found in the mouth, throat and nose. Diphtheria causes a membrane to grow around the inside of the throat. This can make it difficult to swallow, breathe and can even lead to suffocation.

The bacteria produce a poison which can spread around the body and cause serious complications such as paralysis and heart failure. Around ten percent of people who contract diphtheria die from it.

Diphtheria can be caught through coughs and sneezes from an infected person.

Tetanus

Tetanus is caused by bacteria which are present in soils, dust and manure.

The bacteria can enter the body through a wound which may be as small as a pin prick. Tetanus cannot be passed from person to person.

Tetanus is an often fatal disease which attacks the nervous system. It causes muscle spasms first felt in the neck and jaw muscles. Tetanus can lead to breathing difficulties, painful convulsions and abnormal heart rhythms.

Because of the effective vaccine, tetanus is now rare in Australia, but it still occurs in adults who have never been immunised against the

disease or who have not had their booster vaccines.

Whooping cough

Whooping cough is a highly contagious disease which affects the air passages and breathing. The disease causes severe coughing spasms. Between these spasms, the child gasps for breath. Coughing spasms are often followed by vomiting and the cough can last for months.

Whooping cough is most serious in babies under 12 months of age and often requires admission to hospital. Whooping cough can lead to complications such as haemorrhage, convulsions, pneumonia, coma, inflammation of the brain, permanent brain damage and long term lung damage. Around one in every 200 children under six months of age who catches whooping cough will die.

Whooping cough can be caught through coughs and sneezes from an infected person. Parents and family members are the main source of infection for babies.

Protection against whooping cough both from the disease and the vaccine decreases over time. Therefore a booster dose of whooping cough vaccine is recommended for adolescents in Year 10 (age 15 to 17) to reduce the incidence of whooping cough circulating in the community.

Adolescent diphtheria, tetanus and whooping cough vaccine

The adolescent diphtheria, tetanus and whooping cough vaccine contains a small amount of diphtheria and tetanus toxins which are modified to make them harmless, small parts of purified components of whooping cough, a small amount of aluminium salt and preservative.

This booster vaccine has lower concentrations particularly of diphtheria and whooping cough components.

The whooping cough component in the vaccine is far more purified than the previous triple antigen vaccine and therefore has far less incidence of local injection site reactions, fever and other reactions. This vaccine is safe and well tolerated in adolescents and adults.

Possible side effects of adolescent diphtheria, tetanus and whooping cough vaccination

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

Common side effects

- Mild temperature (below 39°C)

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

- Pain, redness and swelling at the injection site
- Feeling unwell
- Five to 30 minutes after any vaccination, fainting may occur

Extremely rare side effects

- Brachial neuritis (severe pain, shoulder and upper arm)
- Severe allergic reaction

If these mild reactions do occur, the side effects can be reduced by:

- Taking extra fluids to drink
- Not overdressing
- Applying a cold wet cloth on sore injection site
- Taking paracetamol to reduce any discomfort

Pre-immunisation checklist

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

- Is unwell on the day of immunisation
- Has had a severe reaction to any vaccine
- Is pregnant (the person to be vaccinated)

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

Adolescent diphtheria, tetanus and pertussis (whooping cough) Immunisation consent card

Recommended vaccine for Year 10 secondary school students

Please read both sides of the consent form and accompanying 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:

Parent/Guardian, please sign if you agree to your child receiving diphtheria, tetanus and whooping cough 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 diphtheria, tetanus and whooping cough 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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Name of parent or 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:

Detach and return consent card to school