CONSENT FOR IMMUNISATION - CHILD

(0 – 15 years)

CITY OF TEA TREE GULLY
Naturally Better

Medicare Number ☐☐☐☐☐☐☐☐☐☐ **Child's Reference Number** ☐

Child's Family Name: _____ Child's First Name: _____

Child's Middle Initial: _____ Date of Birth: ____/____/____ Age: _____ ☐ MALE ☐ FEMALE

Address: _____

_____ Postcode: _____

Telephone: _____ Email: _____

Please circle if the above child is: Aboriginal Torres Strait Islander

Please tick ☑ vaccines required today		**Batch**	**Office Use Only**
6 weeks &	☐ Pneumococcal	.....	LL RL LA RA
4 months	☐ DTPa/IPV/HiB/Hep B	.....	LL RL LA RA
	☐ Rotavirus	.....	Oral only
	☐ Meningococcal B	.....	LL RL LA RA
6 months	☐ DTPa/IPV/HiB/Hep B	.....	LL RL LA RA
			SC IM
12 months	☐ Measles/Mumps/Rubella	.....	LL RL LA RA
	☐ Pneumococcal	.....	LL RL LA RA
	☐ Meningococcal ACWY	.....	LL RL LA RA
	☐ Meningococcal B	.....	LL RL LA RA
			SC IM
18 months	☐ Chickenpox + Measles/Mumps/Rubella	.....	LL RL LA RA
	☐ Diphtheria, Tetanus, Pertussis	.....	LL RL LA RA
	☐ Haemophilus influenzae type b	.....	LL RL LA RA
4 years	☐ Diphtheria, Tetanus, Pertussis / Inactivated Polio	.....	LL RL LA RA
Influenza	☐ Dose …… Flumist ☐ IM ☐	.....	LL RL LA RA
Other	☐ ..... **Payment details:** Invoice paid ☐ Invoice sent ☐	.....	LL RL LA RA

Additional vaccines for Aboriginal or Torres Strait Islander Children

6 months	☐ Pneumococcal	.....	LL RL LA RA
18 months	☐ Hepatitis A	.....	LL RL LA RA
4 years	☐ Hepatitis A	.....	LL RL LA RA
	☐ Pneumococcal	.....	LL RL LA RA

PLEASE TURN OVER TO COMPLETE PRE-VACCINATION CHECKLIST

PRE-VACCINATION CHECKLIST

This checklist provides important information about vaccinating your child (0 – 15 years of age) today.

Please circle Yes or No to indicate if the child to be vaccinated:

- is well today ..... Yes / No
- has a disease that lowers immunity (e.g. leukaemia, cancer, HIV/Aids)..... Yes / No
- is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, DMARDs (disease-modifying anti-rheumatic drugs, radiotherapy, chemotherapy) ..... Yes / No
- is an infant of a mother who was receiving highly immunosuppressive therapy (e.g. bDMARDs (biologic disease-modifying anti-rheumatic drugs) during pregnancy ..... Yes / No
- has had a severe reaction following any vaccine ..... Yes / No
- has any severe allergies to anything ..... Yes / No
  Please specify allergy: .....
- has had any vaccine in the past month ..... Yes / No
- has had an injection of immunoglobulin, or received any blood products or a whole blood transfusion within the past year ..... Yes / No
- has a past history of Guillain-Barré syndrome ..... Yes / No
- was a preterm infant (less than 32 weeks) or low birth weight (less than 2000gms)..... Yes / No
- has a severe or chronic illness ..... Yes / No
- has a bleeding disorder ..... Yes / No
- has a non-functioning or missing spleen ..... Yes / No
- is pregnant ..... Yes / No
- lives with someone who has a disease that lowers immunity (e.g. leukaemia, cancer, HIV/Aids) ..... Yes / No
- lives with someone who is having treatment that lowers immunity (e.g. oral steroid medicines such as cortisone and prednisone, DMARDs, radiotherapy..... Yes / No

I have been given the opportunity to discuss immunisation, including the risks and benefits, with a nurse. I consent for the named person to be vaccinated with the vaccines indicated. I understand the information I provide during the consent process, and information related to any vaccines administered, will be stored electronically and/or in hard copy as a medical record. I consent to the disclosure of this information to staff involved in the provision of an immunisation service for SA Health and local government councils, and their immunisation providers. I acknowledge that the immunisation record will be recorded on the Australian Immunisation Register where it will be stored on my child's Medicare account.

Name of PARENT or LEGAL GUARDIAN _____

Signature _____ Relationship to child _____

Name of Nurse _____ Date _____

Signature of Nurse _____ Time _____

PLEASE NOTE: Parent or legal guardian MUST complete and sign consent form.

CM Ref: D20/61694
Updated: 8 April 2026