

# Year 8 female students

## Human Papillomavirus (HPV) Vaccination

As part of Queensland Health's School Based Vaccination Program every female Year 8 student in Queensland is being offered free HPV vaccination to protect against cervical cancer. The vaccination is given in three doses over a six month period. This is part of the National Immunisation Program.

**HPV vaccination is only recommended if your child has not already been vaccinated.** If your child has already been vaccinated, please still fill out the student's details and 'no' consent section of the form and return it to the school. This will help us know who is already protected.

A team of health professionals will visit your child's school to offer this free vaccination. The vaccination team may be from Queensland Health, your local Council or another health provider contracted by Queensland Health.

Consent of a parent/legal guardian is needed before any student can be vaccinated. The consent will cover the full course of three doses of HPV vaccination. There will not be additional forms for each dose.

You may withdraw consent at any stage by contacting the service provider in writing. If your child has a reaction following a dose of the vaccine, you should contact the service provider. **Only students with a completed and signed consent form will be vaccinated.**

### What do I have to do?

- Both student and parent/legal guardian must read the information in this consent form and/or the enclosed booklet about HPV and common side effects of the vaccine.
- Tear off page 1 and keep. Return the completed and signed consent form to the school (even if you do not wish to have your child vaccinated).

If a student arrives to be vaccinated without a signed consent form, an attempt may be made to contact the parent/legal guardian. This is at the service provider's discretion.

### About consent

For consent to be valid the consent must:

- be given freely and voluntarily;
- be for the specific procedure (vaccination) to be performed; and
- be given by a person with capacity to give consent.

In addition, the person giving consent must have sufficient information about the vaccination, including its risks and benefits, to enable them to make an informed decision.

If, after reading the information in this form and the accompanying booklet, you feel that you do not have enough information to make a fully informed decision about whether to give consent, refer to the 'further information' sources on page 2 of the booklet before you make your decision.

### What if my child can't be vaccinated at school or misses out because of illness or absence?

If your child can't be vaccinated at school:

- they can attend a catch-up session if offered by the same service provider in **the same calendar year** (ask service provider for details); or
- you can take your child to your doctor **before the end of the following year**, however be aware that you may have to pay a consultation fee. The three dose course of vaccine is free for this time period only. When you call for an appointment, advise the practice reception what vaccination you require so they can order the vaccine.

### Will the student's details be kept private?

Queensland Health is committed to safeguarding the privacy of client information in accordance with the National Privacy Principles set out in *Information Privacy Act 2009* and the *Health Services Act 1991*.

The *Information Privacy Act 2009* sets out the rules for collection and handling of personal information contained in the School Based Vaccination Program consent form.

As part of participation in the School Based Vaccination Program, Queensland Health collects details such as the student's name, contact information and relevant health information. We also may need to collect contact details for the parent or legal guardian of the student. This information is needed to correctly deliver vaccinations and record vaccination details on Queensland Health's immunisation database (Vaccination Information and Vaccination Administration System).

Authorised Queensland Health staff and Vaccine Service Providers registered with Queensland Health may access your information for the purpose of clinical follow up or disease prevention, control and monitoring. Your information will not be accessed by or given to any other person or organisation without your permission unless permitted or required by law.

For information about how Queensland Health protects your personal information, or to learn about your right to access your own personal information, please see our website at [www.health.qld.gov.au](http://www.health.qld.gov.au).

Additionally, Queensland Health will forward vaccination details to the National HPV Vaccination Program Register. The information collected by the HPV Register will be used to evaluate the HPV Vaccination Program, send reminders if the vaccination course is incomplete, send confirmation when the course is complete, and contact women if booster doses are needed.

If you wish to access your child's vaccination records, you can contact the National HPV Vaccination Program Register 1800 HPV REG (1800 478 734).

Make sure you keep the record provided to your child by the school program at the time of vaccination for your child's and your doctor's records.

Please read the following information

# Human Papillomavirus (HPV)

PLEASE DETATCH THIS PAGE AND KEEP

## What is cervical cancer?

Cervical cancer (cancer of the cervix) is a disease where cancer cells grow and spread quickly throughout the body from the cervix. Each year in Australia, approximately 700 women are diagnosed with cervical cancer and over 200 women die from the disease.

## What causes cervical cancer?

Infection of the cervix with particular types of a virus called human papillomavirus (HPV) can cause cervical cell changes that may lead to cervical cancer. This usually takes more than 10 years to develop.

## What is the Human Papillomavirus or HPV?

Human papillomavirus (HPV) is the name for a group of viruses that cause skin warts, genital warts and some cancers, like cervical cancer.

HPV is spread by direct skin to skin contact with a person who has the virus. For cervical cancer and genital warts, HPV is spread by all types of sexual activity.

Anyone who has ever had sexual contact may have HPV. In fact, it's so common that four out of five people will have genital HPV infection at some time in their lives. Most genital infections with HPV do not cause any symptoms and people usually do not know they have the infection.

## Why should girls be vaccinated with HPV vaccine?

The vaccine protects against the most common types of HPV infection that cause cervical cancer.

Vaccination with HPV vaccine is most effective when given to females in Year 8 as this is the age before most girls have commenced sexual activity and therefore vaccination will assist in providing optimum protection for your daughter if she is exposed to HPV in the future.

Even if young women in this age group have started sexual activity, there is still benefit to being vaccinated as they are likely to have had fewer partners and therefore a lower risk of exposure to HPV.

The vaccine is not effective in women who have already been infected with the HPV types in the vaccine.

## How is the HPV vaccine given?

The recommended schedule for HPV vaccine is three injections given in the upper arm at 0, 2 and 6 months.

The timing of this schedule may change slightly depending on when the service provider visits the school. The vaccine is most effective when all three doses have been given. Missed doses should be given as soon as possible.

The vaccine may be given at the same time as the hepatitis B and chickenpox vaccines. These vaccinations are also offered to Year 8 students in the school program. Whether more than one vaccine is given at the same visit will be up to the service provider and how they schedule their visits to the school.

Regular Pap smears are still essential because the HPV vaccine does not prevent all cervical cancers. Pap smears detect abnormal changes to cells in the cervix so treatment can start before cancer develops.

## Where can I get further information?

- You can contact **13 HEALTH (13 43 25 84)**
- You can visit Queensland Health's Immunisation website: **[www.health.qld.gov.au/immunisation](http://www.health.qld.gov.au/immunisation)**
- Visit the Immunise Australia website: **[www.immunise.health.gov.au](http://www.immunise.health.gov.au)**
- Contact your doctor

## Parent/legal guardian checklist

- I have read the information in this consent form and discussed it with my child.
- I have completed the consent form, ticked the 'Yes' or 'No' box and signed it.
- I have completed the take home record on page 4.
- I have torn off the completed and signed consent form and will return it to the school.

# HPV Vaccination Consent for doses 1, 2 and 3

**PLEASE RETURN THE REMAINING TWO SECTIONS INTACT TO THE SCHOOL**

**STUDENT DETAILS** (of person being vaccinated) for parent/legal guardian to complete. Please use a black or blue pen.

Surname: _____		Given names: _____	
Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>		Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>	
Medicare number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		Reference on card <input type="checkbox"/>	
<input type="checkbox"/> Aboriginal		<input type="checkbox"/> Aboriginal & Torres Strait Islander (TSI)	
<input type="checkbox"/> TSI		<input type="checkbox"/> Not Aboriginal or TSI	
<input type="checkbox"/> Not stated/Unknown			
Address: _____		Postcode: _____	
School: _____		Year: _____ Class: _____	
Parent/legal guardian full name: _____			
Email address for parent: _____			
Daytime telephone: _____		Parent/legal guardian mobile phone: _____	
My relationship to the student is: <input type="checkbox"/> Parent <input type="checkbox"/> Legal guardian			

**PRE-VACCINATION CHECKLIST** for parent/legal guardian to complete.

**Please ensure every question is answered otherwise your child may not be vaccinated**

**Has the student:**

- ever had a severe reaction following a vaccine?  
 No  Yes - describe .....
  - ever had any severe allergies?  
 No  Yes - describe .....
  - ever had an allergy to any component of the HPV vaccine? (see p10 of the enclosed booklet)  
 No  Yes - describe .....
- Is the student pregnant?  
 No  Yes

*If you are unsure of medical details, please check with your doctor. On the day of vaccination, each student will be checked by a health professional. Students will not be vaccinated if they are suffering an acute illness with a high fever. If there is any change in the information on the consent form and/or your child's medical condition, please advise the service provider on the day of vaccination.*

**CONSENT FOR VACCINATION** for parent/legal guardian to complete.

I have read and understand the information given to me about HPV vaccination, including risks and side effects. I understand that I am giving consent for three doses of HPV vaccine. I have been given the opportunity to discuss the risks and benefits of vaccination with my doctor or by telephoning 13 HEALTH (13 43 25 84). I am authorised as the parent or legal guardian of the above child to give consent for the child to be vaccinated. I understand that consent can be withdrawn at any time before vaccination by making a written request to the school program service provider. I understand Queensland Health will record vaccination details and will transfer vaccination details to the National HPV Register. I also understand the National HPV Register may transfer vaccination details to the Queensland Health Pap Smear Register for the purpose of measuring the effectiveness of the vaccine in preventing cervical cancer.

**YES, I CONSENT** to the Human Papillomavirus vaccinations (Please tick)

I give my consent for my child/ward to receive the three doses of Human Papillomavirus vaccine.

Signature:.....  
(Parent/legal guardian signature required for vaccination)

Date:   /   /

**OR**

**NO, I DO NOT CONSENT** to the Human Papillomavirus vaccinations (Please tick)

My child/ward does not require vaccination because:

- she has already completed the course of HPV vaccination
- I have other reasons. Please give details (optional) .....

Signature:.....  
(Parent/legal guardian signature required for vaccination)

Date:   /   /

**Please return signed completed form to the school (even if you have ticked 'No').**

# Record of vaccination

## Parent to complete student details

HPV Vaccination Record Dose 3

Surname:

Given Names:

Date of birth:   /   /

## Service provider to complete

Date of vaccination:   /   /

Batch number:

## Vaccinator's signature/stamp

### Record of vaccination - student to take home

## Parent to complete student details

HPV Vaccination Record Dose 2

Surname:

Given Names:

Date of birth:   /   /

## Service provider to complete

Date of vaccination:   /   /

Batch number:

## Vaccinator's signature/stamp

### Record of vaccination - student to take home

## Parent to complete student details

HPV Vaccination Record Dose 1

Surname:

Given Names:

Date of birth:   /   /

## Service provider to complete

Date of vaccination:   /   /

Batch number:

## Vaccinator's signature/stamp

### Record of vaccination - student to take home

DO NOT DETACH

## CARE AFTER VACCINATION

- For redness or swelling at the injection site, apply a cold compress.
- To lower temperature or relieve discomfort, paracetamol may be given.
- If fever persists, consult your doctor.
- If any reaction occurs that you consider serious or unexpected, seek medical advice.
- Contact the service provider if your child has a reaction following the vaccination.

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## CARE AFTER VACCINATION

- For redness or swelling at the injection site, apply a cold compress.
- To lower temperature or relieve discomfort, paracetamol may be given.
- If fever persists, consult your doctor.
- If any reaction occurs that you consider serious or unexpected, seek medical advice.
- Contact the service provider if your child has a reaction following the vaccination.

**OFFICE USE ONLY School Based Vaccination Program service provider**

**Pre-vaccination assessment for HPV, Dose 3:**

Is the student:

- feeling unwell today?  Yes  No
- allergic to anything? .....  Yes  No
- pregnant?  Yes  No

Date of vaccination:   /   /

Left arm  Right arm

Batch number:

Catch up required:  Yes  No

Comments: .....

.....

.....

**Reason for student not vaccinated:**

Absent

Refused

Unwell

No consent

Other: .....

.....

.....

.....

Signature: .....

(Vaccinator's Signature)

**OFFICE USE ONLY School Based Vaccination Program service provider**

**Pre-vaccination assessment for HPV, Dose 2:**

Is the student:

- feeling unwell today?  Yes  No
- allergic to anything? .....  Yes  No
- pregnant?  Yes  No

Date of vaccination:   /   /

Left arm  Right arm

Batch number:

Catch up required:  Yes  No

Comments: .....

.....

.....

**Reason for student not vaccinated:**

Absent

Refused

Unwell

No consent

Other: .....

.....

.....

.....

Signature: .....

(Vaccinator's Signature)

**OFFICE USE ONLY School Based Vaccination Program service provider**

**Pre-vaccination assessment for HPV, Dose 1:**

Is the student:

- feeling unwell today?  Yes  No
- allergic to anything? .....  Yes  No
- pregnant?  Yes  No

Date of vaccination:   /   /

Left arm  Right arm

Batch number:

Catch up required:  Yes  No

Comments: .....

.....

.....

**Reason for student not vaccinated:**

Absent

Refused

Unwell

No consent

Other: .....

.....

.....

.....

Signature: .....

(Vaccinator's Signature)