

Year 8 Students

Varicella (chickenpox) Vaccination

As part of Queensland Health's School Based Vaccination Program, every Year 8 student in Queensland is being offered a free chickenpox vaccination. This is part of the National Immunisation Program.

These vaccinations are only recommended if your child has not already been vaccinated or has not had the disease. Children who have been vaccinated against chickenpox or who have had the disease already have immunity and do not need a booster dose of chickenpox vaccine.

If your child has already been vaccinated or has had chickenpox, 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. You may withdraw consent at any stage by contacting the service provider in writing. **Only students with a completed and signed consent form will be vaccinated.**

What do I have to do?

1. Both student and parent/legal guardian must read the information in this consent form about chickenpox and common side effects of the vaccine.
2. Tear off page 1 and keep. Return the completed and signed consent form to the school. Even if you do not consent to vaccination, we ask that you complete and sign this form in the appropriate sections, and return it to the school.

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;
- 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, you feel that you do not have enough information to make a fully informed decision about whether to give consent, you should not sign the Consent Form. Instead you should contact one of the 'further information' sources on page 2 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 **in the same calendar year**, however be aware that you may have to pay a consultation fee. The vaccine is free. When you call for an appointment, advise the practice reception what vaccination you require so they can order the vaccine.

Please read the following information

Varicella (chickenpox)

Varicella or chickenpox is a highly contagious disease caused by the varicella-zoster virus. The disease starts with cold-like symptoms such as a mild fever, followed by a rash that turns into red spots and blisters. It is spread through coughing, sneezing and direct contact with chickenpox blisters. While chickenpox is usually a mild disease in healthy children, life-threatening complications such as pneumonia or inflammation of the brain (encephalitis) are possible. It can be fatal in about three in 100,000 cases. If a pregnant woman has chickenpox, there is also a small chance of damage to the unborn baby. Chickenpox can also lead to shingles (herpes zoster) in later life.

Can chickenpox be prevented?

Yes. The safest and most effective way of preventing chickenpox is through vaccination. Varicella vaccination provides long lasting protection for children. One dose only is required for children under 14 years of age.

What does chickenpox vaccine contain and does it have side effects?

The chickenpox vaccine contains weakened varicella-zoster virus, amino acids for injection, human albumin, lactose, neomycin sulphate and polyalcohols. Like all medications, vaccines may have side effects. Most side effects are minor, last a short time and do not lead to any long-term problems. Possible side effects include swelling, redness and soreness where the injection was given and fever. A mild chickenpox-like rash may develop at the injection site or on the body. If this occurs, the rash usually appears about eight days after vaccination (but can appear any time between five to 26 days). Students with this rash should avoid contact with people with weakened immune systems. More serious side effects are extremely rare.

What if my child has already had chickenpox?

If your child has already had chickenpox they are immune to the disease and do not need to be vaccinated.

What about Year 8 students who are over 14 years of age?

Students aged 14 years or older require two injections, given one to two months apart. Fourteen year old

students who receive their first vaccine as part of the school program are eligible to receive their second free vaccine from their doctor while still in Year 8. Be aware there may be a consultation fee.

How is the vaccine given?

The injection is given in the upper arm.

The vaccine may be safely given at the same time as the Human Papillomavirus (HPV) for females and hepatitis B vaccines. These vaccinations are also offered for 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.

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.

Will my child'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 Standard 42A: Information Privacy for the Queensland Department of Health*. As part of the school program, the service provider will record vaccination details and they will be entered onto Queensland Health's vaccination database. If you wish to access these records, please write to the school program service provider stating your child's name, date of birth, school where vaccination took place, date or estimated date of vaccination and class number. For further information on privacy laws, visit www.health.qld.gov.au/privacy

If you would like your doctor to record your child's vaccinations, make sure you keep the record provided to your child by the school program at the time of vaccination.

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**
- ✓ Visit the Immunise Australia website: **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 3
- I have torn off the completed and signed consent form and will return it to the school

PLEASE DETACH THIS PAGE AND KEEP

Chickenpox Vaccination Consent

Parent to complete

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"/> | |
| <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 | | Postcode: | |
| Address: | | Year: | |
| School: | | Class: | |
| Parent/legal guardian full name: | | | |
| Email address for parent/legal guardian: | | | |
| Daytime telephone: | | Parent/legal guardian mobile phone: | |
| My relationship to the student is: Parent <input type="checkbox"/> Legal guardian <input type="checkbox"/> | | | |

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
- had a vaccination within the last month (eg Measles, Mumps, Rubella)?
 No Yes—describe
- had an injection of immunoglobulin or blood transfusion in the last three months?
 No Yes—describe

- Does the student have a condition (eg leukaemia, cancer) which lowers immunity?
 No Yes—describe
- Is the student on medication which lowers immunity (eg oral cortisone or prednisone)?
 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 the chickenpox vaccination, including risks and side effects. 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.

- YES, I CONSENT** to Chickenpox vaccination (Please tick)
I give my consent for my child/ward to receive chickenpox vaccination.

Signature:

Date: / /

(Parent/legal guardian signature required for vaccination)

OR

- NO, I DO NOT CONSENT** to Chickenpox vaccination (Please tick)
My child/ward does not require vaccination because:
- he/she has already had a chickenpox vaccination
 - he/she has already had chickenpox
 - I have other reasons. Please give details (optional)

Signature:

Date: / /

(Parent/legal guardian signature required)

Please return signed completed form to the school (even if you have not given consent)

Parent to complete student details

| |
|--|
| Chickenpox Vaccination Record |
| Surname: |
| Given Names: |
| Date of birth: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |

Student to take home

Service provider to complete

| |
|--|
| Date of Vaccination: <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> |
| Batch Number: |
| Vaccinator's Signature/Stamp |

OFFICE USE ONLY School Based Vaccination Program service provider

Pre-vaccination assessment for chickenpox:

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)

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.