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School-based Immunisation Program 2025

The School-based Immunisation Program provides routine and recommended vaccines to WA high school students for free. Students are eligible to receive the following vaccines:

Year 7: Diphtheria-tetanus-pertussis (dTpa) and human papillomavirus (HPV)

Year 10: Meningococcal ACWY (MenACWY)

Please read, sign and return the immunisation consent form to your child's school.

Is an interpreter required: Yes No If yes, which language is required

Additional needs required: people who speak limited or no English, or who are Deaf or hard of hearing, have the right to request access to language services when using WA Health services. This includes interpreting services, Auslan and translated health information.

If you need help completing this form, please email SBIP@health.wa.gov.au or call 9222 2486.

Child's (dependent's) details

Please fill in this section whether you consent to your child receiving vaccines or not.

<p>Child's last name <input type="text"/></p> <p>Child's first name <input type="text"/></p> <p><input type="checkbox"/> The individual only has a single name</p> <p>Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Undisclosed</p> <p>Residential address <input type="text"/></p> <p>Suburb <input type="text"/></p> <p>Medicare number <input type="text"/></p> <p>Name of the school your child attends <input type="text"/></p>	<p>Does the child identify as Aboriginal and/or Torres Strait Islander descent?</p> <p><input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both</p> <p><input type="checkbox"/> Prefer not to say <input type="checkbox"/> Neither</p> <p>Mobile phone <input type="text"/></p> <p><input type="checkbox"/> Child does not have a mobile phone</p> <p>Landline contact phone <input type="text"/></p> <p>Postcode <input type="text"/></p> <p><input type="checkbox"/> Reference number next to child's name <input type="checkbox"/> Medicare card not available/shown <input type="text"/> School year group</p>
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Is your child a WA Health staff member? Yes No

Parent/legal guardian details

Please fill in this section whether you consent to your child receiving vaccines or not.

Do you have a VaccinateWA account? Yes No Unsure (if no, one will be created for you and your child)

Parent/legal guardian last name <input type="text"/>	Parent/legal guardian first name <input type="text"/>
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The individual only has a single name

Parent/legal guardian details (continued)

Do you identify as Aboriginal and/or Torres Strait Islander descent?

Aboriginal Torres Strait Islander Both Prefer not to say Neither

Parent/guardian gender

Male Female Undisclosed

Parent/guardian date of birth

/ /

Mobile phone (preferred)

Landline contact phone

Email

Residential address (if different to child's address)

Suburb

Postcode

Medicare number

Reference number

Medicare card
not available/shown

Are you a WA Health staff member?

Yes

No

Consent section – parent/guardian to complete

Has the person being vaccinated ever had a serious reaction to any vaccine?

Yes

No

Does the person being vaccinated have any severe allergies?

Yes

No

Does the person being vaccinated have any long term medical conditions (e.g. diabetes, epilepsy etc)?

Yes

No

Has the person being vaccinated fainted when receiving an injection?

Yes

No

Does the person being vaccinated have a disease that lowers their immunity or is receiving treatment that lowers their immunity?

Yes

No

If you have answered Yes to any of the above questions, please provide additional information:

- I am the parent/guardian and am authorised to give consent or non-consent for my child to be vaccinated. I have read and understand the information provided about vaccination, including the possible vaccine side effects. I understand I can discuss the risks and benefits of vaccination with my GP or call the school immunisation nurse, or by contacting the school immunisation team. Consent provided for the above-mentioned vaccine(s) will remain valid until 31 December 2025, and can be withdrawn by contacting the school team. For contact details, please visit healthywa.wa.gov.au/adolescentimmunisation
- I understand the information provided on this form will be recorded on relevant State and Commonwealth immunisation registers. It will remain confidential and used to monitor immunisation rates and inform program improvement.

- Do you give permission for WA Health to contact you by SMS to monitor vaccine safety and effectiveness? Yes No

Please ensure you tick and sign the green boxes for your child to be vaccinated.
If you do not want your child to receive a specific vaccine, tick and sign the relevant red box.

Year 7	Diphtheria, tetanus and whooping cough (1 dose of adolescent booster dTpa vaccine)		
	Yes <input type="checkbox"/>	Signature: _____	Date: ____ / ____ / ____
	No <input type="checkbox"/>	Signature: _____	Date: ____ / ____ / ____
	Human papillomavirus (1 dose of HPV vaccine)		
Yes <input type="checkbox"/>	Signature: _____	Date: ____ / ____ / ____	
No <input type="checkbox"/>	Signature: _____	Date: ____ / ____ / ____	

Year 10	Meningococcal ACWY (1 dose of menACWY vaccine)		
	Yes <input type="checkbox"/>	Signature: _____	Date: ____ / ____ / ____
No <input type="checkbox"/>	Signature: _____	Date: ____ / ____ / ____	

For office use only

Immunisation provider comments

Vaccine	Consent		Date given	Batch	Vaccinator	Site: Left arm	Site: Right arm	Record entered in AIR
	Yes	No						
HPV								
dTpa								
MenACWY								
Other (specify)								

Has AIR been checked before vaccination? Yes No

Notes (i.e. date AIR checked):

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Telephone consent

Verbal consent for vaccination was given Yes No

Time : Date / /

Signature

Signature

Name

Name

Consent provided by (name)

Relationship to child (e.g. mother, father, guardian)

Contact phone

Data entry
 VaccinateWA AIR webPAS CHIS WINVAC MMEX

Comments