



Protect against
**Tetanus, Diphtheria and
Whooping Cough**

CONSENT FORM – *Please sign and return the form to school.*

Vaccinator contact details:

The Boostrix vaccine is **FREE** and recommended for rangatahi (young people) from 11 years old.

It's a booster for protection against tetanus, diphtheria, and whooping cough (pertussis).

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This form has two sections

1. Information about immunisation
2. A consent form for you to fill out and return to school.

What does the vaccine protect you from?

Tetanus is a rare but serious disease is caused by bacteria found in soil and manure (horse or cow poo). You can get the disease if dirt carrying this bacteria gets into a wound. These types of wounds can be caused by injuries sustained when mountain biking, skateboarding or other injuries when dirt may get into the wound.

Tetanus toxins caused by the bacteria act like a poison in your body. Symptoms of tetanus disease include painful muscle spasms, and difficulty breathing, chewing and swallowing. In the past, about 1 in 10 people who got tetanus would die from the disease.

Tetanus cannot be spread from person to person. Since we began immunising against tetanus in New Zealand it has become a very rare disease. Almost all cases of tetanus have happened in unvaccinated people.

Diphtheria is a serious disease that can easily spread from person to person (especially within families) through coughing and sneezing.

It causes a skin infection but can also affect the throat causing breathing difficulties.

Diphtheria was a common cause of death in children until the 1940s, but this disease is now very rare in New Zealand because of immunisation.

Whooping cough (pertussis) is a bacteria that causes breathing difficulties and severe coughing fits. The cough can go on for weeks or months which is why it's sometimes called the '100 day cough'.

Having severe whooping cough can lead to pneumonia, seizures, and other neurological (brain) issues. More than half of babies under 12 months old who catch it need to go to hospital, and up to 1 in 50 of these babies die.

It's very contagious. It can easily spread between whānau members by coughing and sneezing. It can also spread quickly around early education centres and schools.

Whooping cough is not under control in New Zealand, and when outbreaks occur, it affects thousands of people.

Immunisation is your best protection

In New Zealand babies (at 6 weeks, 3 and 5 months old) and younger children (4 years old) are given vaccines to protect against tetanus, diphtheria and whooping cough. The vaccine works by causing the body's immune system to produce its own protection against the diseases.

As tamariki get older, this protection wears off, so rangatahi (young people) need a Boostrix vaccine to boost their immunity. This FREE booster is also offered at age 45 years and 65 years of age if a booster has not already been given. To ensure the whole whānau is protected, it is important that everyone is up to date with their immunisations to protect those most vulnerable.

While Boostrix covers three diseases only one injection is required and is given into the upper arm.

What alternatives are there to having the immunisations at school?

If your rangatahi (young person) has missed out for any reason, they can easily catch up with a visit to your medical centre, vaccinator or healthcare provider. This is also an option if you would like to be with them when they get their vaccination.

Who shouldn't be immunised?

There are very few people who shouldn't be immunised. If your rangatahi (young person) has had a serious reaction to a vaccine in the past, you should talk to their doctor or healthcare provider before signing this consent form.

Side effects and reactions

Like most medicines, vaccines can sometimes cause reactions. These are usually mild, and not everyone will get them. Mild reactions are normal and shows that your immune system is responding to the vaccine.

If you are going to have any reactions, they normally happen in the first few days after getting vaccinated.

What you may feel	What can help
Swelling and pain at the injection site (hard and sore to touch) Heavy arm Nausea (feeling sick) Headache, aches and pains Dizziness	Place a cold wet cloth, or ice pack where the injection was given. Leave it on for a short time. Do not rub the injection site.
Rarely, your child may have a high fever (over 39°C)	Remove layers of clothing. Rest and drink plenty of fluids. Give paracetamol or ibuprofen for relief of significant discomfort or high fever as instructed by your vaccinator or healthcare provider.

Allergic reactions

Serious allergic reactions (known as anaphylaxis) are extremely rare. Only about 1 in 1 million people will experience this.

The vaccinator is well-trained and knows what to look for and can treat an allergic reaction quickly if it happens.

Serious allergic reactions normally happen soon after the vaccine has been given. This is why people need to wait for up to 20 minutes after immunisation.

Tips to prepare for vaccination

- Eating before and after will make you less likely to feel faint or dizzy.
- Wear a loose shirt with short sleeves so the vaccinator can easily access the upper arm.
- Tell the vaccinating team if you are feeling scared or anxious, they can help you with this.
- Take things easy after the immunisation as your arm might be a bit sore.



Where can I get more information?

Speak to the vaccinator, your doctor or healthcare provider.

- Visit [info.health.nz/school-aged-children](https://www.info.health.nz/school-aged-children) for more information about this immunisation, or
- [info.health.nz/immunise](https://www.info.health.nz/immunise) for general information about immunisation.

The vaccinator's contact details are on the front of this form. Contact them directly if you need help or more information to fill out this form.

Detailed information on the Boostrix vaccine is published on the Medsafe website:

- **Boostrix (Tdap):** www.medsafe.govt.nz/consumers/cmi/b/boostrix.pdf

Boostrix immunisation consent form

Fill out **Section A** if you **DO** consent. Fill out **Section B** if you **DO NOT** consent.

SECTION A: Your child's details

School	<input type="text"/>	Room name or number	<input type="text"/>
Surname	<input type="text"/>	First name	<input type="text"/>
Middle name(s)	<input type="text"/>	Other surname(s)	<input type="text"/>
Date of birth	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>	Is your child (tick one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse
Home address	<input type="text"/>		Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Which ethnic group(s) does your child most closely identify with? (You may tick more than one.)			
<input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Islands Māori <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian			
Other (such as Dutch, Japanese, Tokelauan) please state <input type="text"/>			
NHI number (if known)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Doctor's name	<input type="text"/>
Medical centre address	<input type="text"/>	Phone number	<input type="text"/>

Medical history

Have they had a serious reaction to any immunisation before? Yes No
If yes, please describe

Do they have any serious medical conditions? Eg: bleeding disorder, epilepsy, cancer. Yes No
If yes, please describe

Do they have any severe allergies to food or medicine? Yes No
If yes, please describe

Do they take any regular medicine? Yes No
If yes, please describe

Is there anything else the vaccinator needs to know about your child?
Eg: fainting/anxiety history, autism. Yes No
If yes, please describe

Parent/ legal guardian details

I am (tick one) <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Phone number	<input type="text"/>
Your full name	Email	<input type="text"/>
Day time emergency contact name	Day time emergency contact phone	<input type="text"/>
<input type="text"/>	<input type="text"/>	
<input type="checkbox"/> I consent for my child to have the Boostrix (Tetanus, diphtheria and whooping cough) immunisation at school		
Signature	Date signed	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>
<input type="text"/>		

Fill this out if you **DO NOT** want your child to receive the immunisation.

SECTION B: Your child's details

School	<input type="text"/>	Room name or number	<input type="text"/>
Surname	<input type="text"/>	First name	<input type="text"/>
Middle name(s)	<input type="text"/>	Other surname(s)	<input type="text"/>
Date of birth	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>	Is your child (tick one)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Gender diverse
Home address	<input type="text"/>		Postcode <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Which ethnic group(s) does your child most closely identify with? (You may tick more than one.)			
<input type="checkbox"/> NZ European <input type="checkbox"/> Māori <input type="checkbox"/> Samoan <input type="checkbox"/> Cook Islands Māori <input type="checkbox"/> Tongan <input type="checkbox"/> Niuean <input type="checkbox"/> Chinese <input type="checkbox"/> Indian			
Other (such as Dutch, Japanese, Tokelauan) please state <input type="text"/>			
NHI number (if known)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Doctor's name	<input type="text"/>
Medical centre address	<input type="text"/>		Phone number <input type="text"/>

Reasons for declining the immunisation (optional)

- I will take my child to the family doctor or another health provider to be immunised
- My child has already received the Boostrix (Tetanus, diphtheria and whooping cough) immunisation
- Other

Parent/ legal guardian details

I am (tick one)	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Legal Guardian	Phone number	<input type="text"/>
Your full name	<input type="text"/>	Email	<input type="text"/>
Day time emergency contact name	<input type="text"/>	Day time emergency contact phone	<input type="text"/>
<input type="checkbox"/> I do not consent for my child to have the Boostrix (Tetanus, diphtheria and whooping cough) immunisation at school			
Signature	<input type="text"/>	Date signed	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>

Thank you. Please return this consent form to your school.

The vaccinator may contact you if they have any questions about the information you have provided in this form.

Vaccinator use only

Student's name

Student's NHI number (if known)

Vaccination administered

Boostrix (Tdap)

Administration date

Time

Batch number

Expiry date

Administration site

Left deltoid Right deltoid

Vaccinator's signature

Vaccinator's name

Clinical supervisor details (if required)

Vaccination not administered / rescheduled

Attempt one

Not vaccinated because:

- Chose to attend doctor
- Student already received Boostrix
- Absent
- Contraindicated
- Student unwell
- Student refused vaccination
- Consent withdrawn
- Moved
- Other

Rescheduled date

Vaccinator's/ administrator's signature

Vaccinator's/ administrator's name

Attempt two

Not vaccinated because:

- Chose to attend doctor
- Student already received Boostrix
- Absent
- Contraindicated
- Student unwell
- Student refused vaccination
- Consent withdrawn
- Moved
- Other

Rescheduled date

Vaccinator's/ administrator's signature

Vaccinator's/ administrator's name

Your rights

The Health and Disability Commissioner's Code of Rights applies to all consumers using a health or disability service in New Zealand.

For more information, visit www.hdc.org.nz or call **0800 555 050**.

Privacy

Providing the information requested on this consent form is voluntary. However, if you do not submit the form with all required fields completed, we will not be able to vaccinate your child.

Schools may have provided some information such as students' names, room numbers, dates of birth, addresses and ethnicities. Your school should have notified you before doing so. This information, together with the information you provide on the school consent form, is used to help administer this immunisation programme.

Information from the consent form and details of each immunisation given or declined will be recorded on a patient management system held by Health New Zealand | Te Whatu Ora (HNZ) for your district. The health number (National Health Index), demographic and vaccine details will also be recorded in the Aotearoa Immunisation Register (AIR), a national database administered by HNZ which records all immunisation activity for people in New Zealand.

Information recorded in the AIR will normally be shared with your child's enrolled General Practice and available to other health care practitioners as required for your child's health care. For more information about your and your child's privacy in relation to AIR, including how information in the AIR is used, please see tewhatuora.govt.nz/air-privacy or

contact hnzprivacy@tewhatuora.govt.nz.

Vaccinators may use information provided on this form:

- to contact your doctor or health centre if they need to check which immunisations your child has already been given,
- identify if your child has any health concerns, and/or
- to refer your child to their health provider or another local health provider for the immunisation if they missed it at school.

Information may also be used for planning, analysis and research purposes, in line with usual HNZ processes and where this is permitted under law. Any reports produced will not contain any identifiable information about you or your child.

Any information you provide will be kept secure by HNZ and will be managed in accordance with the Privacy Act 2020, the Health Information Privacy Code 2020 and other relevant legislation.

Parents/guardians have the right to seek access their child's immunisation information (up to the age of 16 years) and to ask for it to be corrected if you think it is wrong. To request this please contact hnzprivacy@tewhatuora.govt.nz.

Consumer medicine information

Boostrix is a vaccine used for booster vaccinations against tetanus, diphtheria and whooping cough (pertussis). The Boostrix vaccine is sometimes called Tdap.

The active ingredients of Boostrix are non-infectious substances from tetanus and diphtheria bacteria and purified proteins from the pertussis bacteria. The vaccine cannot cause any of these diseases.

Each 0.5 ml dose of Boostrix contains 2.5Lf units of diphtheria toxoid, 5Lf units of tetanus toxoid and the pertussis antigens: 8 micrograms (mcg) of pertussis toxoid, 8 mcg of filamentous haemagglutinin and 2.5 mcg of pertactin. Each 0.5 ml dose also contains tiny amounts of aluminium (as aluminium hydroxide and aluminium phosphate), sodium chloride and water. These ingredients are all commonly used in other medicines and vaccines.

Your child should not have the vaccine if they have an allergy to Boostrix or to any of its ingredients.

Your child can have their vaccination at a later date if they currently have a severe infection with a high temperature. Talk to your family doctor, vaccinator or practice nurse first.

Your child should not have the Boostrix vaccine if they:

- have had blood clotting problems or problems with the nervous system following earlier immunisation against diphtheria and/or tetanus
- have experienced an inflammation/disease in the brain, which occurred in the seven days following a previous vaccination with a whooping cough (pertussis) vaccine
- have a neurological disorder that is not stable.

Common side effects may include a local reaction around the injection site, such as soreness, redness, swelling or bruising, and feeling generally unwell (fever, nausea, aches and pains).

Other adverse effects, such as allergic reactions, might rarely occur.

These possible adverse effects are listed in the full Consumer Medicine Information and Datasheet. If there are any unusual or severe symptoms after receiving Boostrix, please contact your doctor or health care provider immediately.

If your child has any of the following conditions, please discuss the immunisation with your family doctor, practice nurse, or the vaccinator before consenting to it:

- a bleeding disorder
- an immune deficiency condition (eg, your child is HIV positive)
- a brain disease or a disease of the central nervous system, such as epilepsy or a tendency to febrile convulsions (seizures/fits due to a high fever)
- allergies to any other medicines or substances, such as dyes, foods and preservatives
- a previous serious reaction after receiving another vaccine containing tetanus, diphtheria and/or pertussis
- is receiving any other medication or vaccines
- has never been given a vaccine for tetanus, diphtheria or pertussis or has not completed the full course of vaccinations for tetanus and diphtheria.

Boostrix is a prescription medicine. Medicines have benefits and risks. Talk to your family doctor, practice nurse, or the vaccinator to find out the benefits and risks of this vaccine.

Full consumer information is available from www.medsafe.govt.nz