



Protect against
**Measles, Mumps
and Rubella**

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

Vaccinator contact details:

Aotearoa New Zealand is at very high risk of a measles outbreak. There's a risk of getting measles if you have not had 2 vaccinations, or have not already had measles.

The measles, mumps and rubella (MMR) vaccine is **FREE** for all children in New Zealand, and all adults over the age of 18 years who are eligible for free healthcare in New Zealand.

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 vaccination protect you from?

Measles is a very infectious virus. Before immunisation was introduced, nearly all children caught measles. Measles causes a rash, high fever, runny nose, cough and sore watery eyes. Severe cases can result in pneumonia, encephalitis (swelling in the brain), diarrhoea and rarely, death.

Mumps is caused by a virus and is spread through the air. Mumps causes fever, headache and swelling of the glands around the face. In males mumps can cause swelling of the testicles and in rare cases, infertility. Mumps can also cause meningitis and encephalitis (swelling in the brain).

Unimmunised children exposed to measles or mumps need to be kept home from school.

Rubella is usually a mild, viral illness. It causes a rash, fever and swollen glands in children. It is extremely dangerous for pregnant women because it can cause deafness, blindness and brain damage in an unborn baby.

Immunisation is your best protection

The measles (MMR) vaccine we use in New Zealand is Priorix. This vaccine protects against measles, mumps, and rubella.

Priorix is a live vaccine. Live vaccines contain bacteria or viruses that have been weakened so that they cannot cause disease. This small amount of virus or bacteria stimulates an immune response. The vaccine works by causing the body to make antibodies that fight these diseases.

There is no 'measles only' vaccine available in New Zealand. It is not possible to separate these diseases out of the vaccine.

The vaccination is given as an injection in the upper arm. For best protection against measles 2 doses of the MMR vaccine are needed at least 4 weeks apart.

MMR immunisation is also available **FREE** from family doctors, some pharmacists, and local health centres.

How effective is the vaccine?

Two doses of MMR will protect 99% of people against measles and rubella, and around 85% of people from mumps.

A small number of people who are immunised may still become ill. If that happens, they usually get a milder illness than people who have not been immunised.

Who needs to be vaccinated?

If you're not sure whether your rangatahi (young person) has had two doses of MMR, it's still recommended they get vaccinated. There are no additional safety concerns with having extra doses.

Most rangatahi will have been given at least one dose of MMR in early childhood. However, changes to the Immunisation Schedule in 2001 and less effective reminder systems in previous years mean that many rangatahi are not fully protected.

If you have come from overseas, including the Pacific Islands, you may have had different vaccines that may not protect you against measles, mumps and rubella.

If you're not sure that they are fully immunised, check their Well Child/ Tamariki Ora / Plunket book or contact their medical centre/ healthcare provider to make sure they have had **BOTH** doses of the MMR vaccine.

If your rangatahi haven't had both doses, or you're not sure, play it safe and get them immunised.

Who shouldn't be immunised?

There are very few people who shouldn't be immunised. Talk to their doctor, vaccinator or healthcare provider before signing this form if your child:

- has had a serious reaction to a vaccine in the past
- is being treated for cancer or other severe illness
- has had a blood transfusion or other blood products in the last year.

MMR immunisation is not recommended during pregnancy.

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 show that your child's immune system is responding to the vaccine.

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.
Mild rash (between 6 and 12 days after immunisation) High fever (over 39°C – between 6 and 12 days after immunisation) Swollen glands in the cheeks, neck, or under the jaw Temporary joint pain (2 to 4 weeks after immunisation)	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. Removing layers of clothing can help reduce fever.
A very rare side effect is bruise-like spots that appear 15 days to 6 weeks after immunisation. This is mild, and usually goes away within 6 months.	

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 vaccination is 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.

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

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 your health district and some of it will be passed to the Aotearoa Immunisation Register.

Patient management systems are used by health districts to record health information. The Aotearoa Immunisation Register is a national database for recording all immunisations given to all people in New Zealand.

The information on the consent form, the patient management systems and the Aotearoa Immunisation Register is protected by the Health Information Privacy Code. Only authorised health professionals will see, use, or change it. However, you may see your child's information and correct any details. If you would like to do so, contact your vaccinator or doctor or health centre.

Vaccinators will use the information on the consent form, the patient management system and the Aotearoa Immunisation Register:

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

Information that does not identify individuals may be used for research purposes or to plan new services.

For more information about school roll sharing, privacy and the use of information, see your health district's privacy policies. If you have any questions about privacy, you can email enquiries@privacy.org.nz or contact the Privacy Commissioner's free helpline on **0800 803 909**.

If you have any questions about the Aotearoa Immunisation Register or would like to request a copy of your immunisation details held in the Aotearoa Immunisation Register please speak to your healthcare provider or contact hnzprivacy@health.govt.nz



Where can I get more information?

Speak to the vaccinator, your doctor or or healthcare provider.

- Visit immunise.health.nz/MMR for more information about these immunisations, or
- immunise.health.nz 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 MMR vaccine is published on the Medsafe website:

- for technical information about the vaccine, search www.medsafe.govt.nz for 'MMR' or 'Priorix'

MMR immunisation consent form

Please complete this consent form, tear off and return to school.

Parent/ guardian details

I am (tick one) Mother Father Guardian

Your full name

Phone number

Email

Day time emergency contact name

Day time emergency contact phone

Your child's details

School

Room name or number

Surname (last or family name)

First name

Middle name(s)

Other surname(s)

Date of birth

DAY

MONTH

YEAR

Is your child (tick one) Male Female Gender diverse

Home address

Postcode

Which ethnic group(s) does your child most closely identify with? (You may tick more than one.)

NZ European Māori Samoan Cook Islands Māori Tongan Niuean Chinese Indian

Other (such as Dutch, Japanese, Tokelauan) please state

NHI number (if known)

Doctor's name

Medical centre address

Phone number

Immunisation consent – complete this section, tick only one box

I consent for my child to have the MMR immunisations at school (complete **SECTION A**)

I do not consent for my child to have the MMR immunisations at school (complete **SECTION B**)

Parent/ guardian
full name

Signature

Date

DAY

MONTH

YEAR

A. Your child's medical history – complete if your child is receiving the MMR immunisations

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, HIV positive, 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

B. Complete if you **DO NOT** want your child to receive the MMR immunisations at school

If you **do not** want your child to have the MMR immunisations at school, please let us know why (optional)

I will take my child to the family doctor or another health provider to be immunised

My child has already received both MMR immunisations

Other

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

MMR dose 1

Administration date

Batch number

Expiry date

Diluent

Expiry date

Administration site: Left deltoid Right deltoid

Vaccinator's signature

Vaccinator's name

Clinical supervisor details (if required)

MMR dose 2

Administration date

Batch number

Expiry date

Diluent

Expiry date

Administration site: Left deltoid Right deltoid

Vaccinator's signature

Vaccinator's name

Clinical supervisor details (if required)

Vaccination not administered / rescheduled

Attempt 1

Not vaccinated because:

- Chose to attend doctor
- Student already received HPV dose 1
- Absent
- Contraindicated
- Student unwell
- Student refused vaccination
- Consent withdrawn
- Moved
- Other

Rescheduled date

Vaccinator's/ administrator's signature

Vaccinator's/ administrator's name

Attempt 2

Not vaccinated because:

- Chose to attend doctor
- Student already received HPV dose 1
- Absent
- Contraindicated
- Student unwell
- Student refused vaccination
- Consent withdrawn
- Moved
- Other

Rescheduled date

Vaccinator's/ administrator's signature

Vaccinator's/ administrator's name

