



Protect against
**most cancers caused
by HPV**

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

Vaccinator contact details:

HPV immunisation is **FREE** for rangatahi (young people) aged 9 to 26 years.

HPV immunisation helps protect rangatahi against a number of cancers later in life.

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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 vaccination protect you from?

Human papillomavirus (HPV) is a group of very common viruses that infect about 80% of people at some time in their lives. It's passed on through intimate skin-on-skin contact.

Most HPV infections get better on their own. But sometimes they can cause a number of different cancers for all genders later in life – such as cervical and throat cancer.

Immunisation is your best protection

The HPV vaccine is called Gardasil9. It is very effective at preventing nine types of HPV.

Most rangatahi (young people) are offered the vaccine at school, usually in Year 7 or 8. This is the best time to immunise them, as their immune system is really effective at making antibodies in response to the vaccine and protection is long lasting.

The vaccine is given as an injection in the upper arm. A second dose of HPV vaccine is given with a minimum interval of 6 months between the two doses.

How effective is the vaccine?

The HPV vaccine is very effective in preventing infection from the nine types of HPV responsible for around 90% of the cancers caused by HPV.

Protection is expected to be long-lasting. In studies, almost everyone who received the vaccine was protected against HPV infection and disease.

The number of HPV infections and diseases has fallen significantly among rangatahi (young people) in countries offering HPV immunisation, including New Zealand.

For this vaccine to be most effective people should be immunised before they are exposed to HPV.

Rangatahi aged 9 to 14 years need two doses.

Rangatahi (young people) also need to have all the recommended number of vaccine doses for their age. Those aged 14 years or younger need fewer doses (two instead of three) of the vaccine to be protected because they respond better to the vaccine than older people.

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, pharmacy or healthcare provider. This is also an option if you would like to be with them when they get their vaccination.

Delaying HPV vaccine may mean your child needs another dose to be protected, as people aged 15 years and older need three injections.

Who shouldn't be immunised?

There are very few people who shouldn't be immunised. If your child has had a serious reaction to a vaccine in the past, you should talk to their doctor, vaccinator 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 or healthcare provider.

- Visit info.health.nz/school-aged-children for more information about these immunisations, or
- info.health.nz/immunise for general information about immunisation.

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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 HPV vaccine is published on the Medsafe website:

- **HPV (Gardasil9):** www.medsafe.govt.nz/consumers/cmi/g/gardasil9.pdf

HPV 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe	<input type="text"/>
Do they have any serious medical conditions? Eg: bleeding disorder, epilepsy, cancer.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe	<input type="text"/>
Do they have any severe allergies to food or medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe	<input type="text"/>
Do they take any regular medicine?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe	<input type="text"/>
Is there anything else the vaccinator needs to know about your child? Eg: fainting/anxiety history, autism.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please describe	<input type="text"/>

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 consent for my child to have the HPV immunisations at school			
Signature	<input type="text"/>	Date signed	<input type="text" value="DAY"/> <input type="text" value="MONTH"/> <input type="text" value="YEAR"/>

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

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"/>
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"/>	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 both HPV immunisations
- ☐ 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 HPV immunisations 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

HPV dose 1

Administration date

DAY

MONTH

YEAR

Time

Batch number

Expiry date

DAY

MONTH

YEAR

Administration site: ☐ Left deltoid ☐ Right deltoid

Vaccinator's signature

Vaccinator's name

Clinical supervisor details (if required)

HPV dose 2

Administration date

DAY

MONTH

YEAR

Time

Batch number

Expiry date

DAY

MONTH

YEAR

Administration site: ☐ Left deltoid ☐ Right deltoid

Vaccinator's signature

Vaccinator's name

Clinical supervisor details (if required)

Vaccination not administered / rescheduled

HPV dose 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

DAY

MONTH

YEAR

Vaccinator's/ administrator's signature

Vaccinator's/ administrator's name

HPV dose 2

Not vaccinated because:

- ☐ Chose to attend doctor
- ☐ Student already received HPV dose 2
- ☐ Absent
- ☐ Contraindicated
- ☐ Student unwell
- ☐ Student refused vaccination
- ☐ Consent withdrawn
- ☐ Moved
- ☐ Other

Rescheduled date

DAY

MONTH

YEAR

Vaccinator's/ administrator's signature

Vaccinator's/ administrator's name

Adverse effects following immunisation (AEFI)

- ☐ CARM notified
- ☐ Other AEFI or concern
- ☐ Severe AEFI with anaphylaxis
- ☐ Severe AEFI (other)
- ☐ ACC form completed

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 privacy for you and your child in relation to AIR, including how information in the AIR is used, please see

tewhatauora.govt.nz/air-privacy or contact hnzprivacy@tewhatauora.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@tewhatauora.govt.nz.

Consumer medicine information

- Gardasil® 9 is a vaccine that helps prevent the following diseases caused by human papillomavirus (HPV) types 6, 11, 16, 18, 31, 33, 45, 52 and 58: cervical, vulvar, vaginal and anal cancer, abnormal and precancerous cervical, vulvar, vaginal, genital and anal lesions, genital warts, HPV infection and other HPV cancers.
- Each 0.5 mL dose contains 30 micrograms (mcg) of HPV 6 L1 protein, 40 mcg of HPV 11 L1 protein, 60 mcg of HPV 16 L1 protein, 40 mcg of HPV 18 L1 protein, 20 mcg of HPV 31 L1 protein, 20 mcg of HPV 33 L1 protein, 20 mcg of HPV 45 L1 protein, 20 mcg of HPV 52 L1 protein, and 20 mcg of HPV 58 L1 protein.
- Each 0.5 mL dose also contains sterile water and tiny amounts of aluminium, salt (sodium chloride), L-histidine, polysorbate 80, and sodium borate. These ingredients are all used commonly in other medicines and vaccines.
- The vaccine does not contain preservatives, antibiotics, or any human or animal materials.
- The vaccine is manufactured using yeast culture and may contain traces of yeast (*Saccharomyces*).
- Your child should not have the vaccine if they have an allergy to Gardasil® 9 or any of its ingredients.
- The safety of Gardasil® 9 in pregnancy is unknown. Published data have not found any safety concerns among pregnant women who have been inadvertently vaccinated.
- If your child has any of the following conditions, please discuss with the public health nurse, your doctor, specialist, or vaccinator before consenting to immunisation: any blood or bleeding diseases or a weakened immune system due, for example, to a genetic defect or Human immunodeficiency virus (HIV) infection.
- Common reactions are listed overleaf. Other reactions might occur rarely. Reported adverse events are listed in the full Consumer Medicine Information and data sheet available from the Medsafe website.
- If your child has any unusual or severe symptoms after receiving Gardasil® 9, please contact your family doctor, specialist or the vaccinator. Health professionals should report reactions that happen after immunisation to the Centre for Adverse Reactions Monitoring (CARM).
- You can also report them directly through the CARM website (www.otago.ac.nz/carm).