Vaccinator use only

Student's name

Student's NHI number (if known)

Vaccination administered

MMR dose 1

Administration date DAY MONTH YEAR Time

Batch number

Expiry date DAY MONTH YEAR

Diluent

Expiry date DAY MONTH YEAR

Administration site: ☐ Left deltoid ☐ Right deltoid

Vaccinator's signature

Vaccinator's name

Clinical supervisor details (if required)

MMR dose 2

Administration date DAY MONTH YEAR Time

Batch number

Expiry date DAY MONTH YEAR

Diluent

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

Attempt 1

Not vaccinated because:

- ☐ Chose to attend doctor
- ☐ Student already received MMR 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- ☐ Consent withdrawn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

Attempt 2

Not vaccinated because:

- ☐ Chose to attend doctor
- ☐ Student already received MMR 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- ☐ Consent withdrawn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

Vaccinator use only

Date/Time	Notes	Signature

Adverse effects following immunisation (AEFI)

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

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

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.

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.

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**'

This resource is available from healthed.govt.nz or your local Authorised Provider

NIP8902 | MMR consent form | June 2025

Protect against **Measles, Mumps** and **Rubella**

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

Vaccinator contact details:

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

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.

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

MMR 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 _____ Room name or number _____

Surname _____ 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 _____

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, 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 _____

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) ☐ Mother ☐ Father ☐ Legal Guardian Phone number _____

Your full name _____ Email _____

Day time emergency contact name _____ Day time emergency contact phone _____

☐ **I consent** for my child to have the MMR immunisations at school

Signature _____ Date signed DAY MONTH YEAR

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

SECTION B: Your child's details

School _____ Room name or number _____

Surname _____ 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 _____

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 MMR immunisations

☐ Other _____

Parent/ legal guardian details

I am (tick one) ☐ Mother ☐ Father ☐ Legal Guardian Phone number _____

Your full name _____ Email _____

Day time emergency contact name _____ Day time emergency contact phone _____

☐ **I do not consent** for my child to have the MMR immunisations at school

Signature _____ Date signed DAY MONTH 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.