Canberra Health Services

ACT Government

Year 7 ACT High School Immunisation Program 2026

Information

The Child and Adolescent Immunisation Team provide this **free** immunisation program and will be visiting your child's school during **2026**.

All Year 7 students are offered the following vaccine:

- **Human Papillomavirus (HPV)** (1 dose required)
- **Diptheria-Tetanus-Pertussis (dTpa)** (1 adolescent booster dose required)

To do:

1. **Read** the information. This information card can be detached and retained for your reference.
2. **Sign** the consent card, even if your child is not being vaccinated at school.
3. **Return** the consent card to school **as soon as possible**.
4. **Talk** to your child about vaccination.

Please advise the Child and Adolescent Immunisation Team on **02 5124 1585** if your child changes schools throughout the year or if you wish to change your consent.

Acknowledgement of Country

Canberra Health Services acknowledges the Ngunnawal people as traditional custodians of the ACT and recognises any other people or families with connection to the lands of the ACT and region. We acknowledge and respect their continuing culture and contribution to the life of this region.

Accessibility
call 02 5124 0000

Interpreter
call 131 450

canberrahealthservices.act.gov.au/accessibility

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Diphtheria

- Diphtheria is an acute infectious disease caused by bacteria that infects the mouth, nose and throat.
- It is easily spread through coughing and sneezing from an infected person and may cause a sore throat, hoarseness, fever, and difficulty breathing/swallowing.
- Major heart and nervous system complications can occur sometimes resulting in death

Tetanus

- Tetanus disease is caused when a bacteria enters the body through a cut or a wound and causes the production of a harmful toxin.
- Symptoms may include painful muscle spasms, convulsions and lock jaw.
- It can cause serious medical complications including death.

Pertussis (Whooping Cough)

- Pertussis is a highly contagious respiratory disease.
- It is spread though respiratory droplets from sneezing and coughing.
- Complications include, pneumonia, convulsions and brain damage.
- Every year in Australia, an average of 1 death and more than 200 hospitalisations related to pertussis occurs in babies less than 6 months old.

Diphtheria-Tetanus-Pertussis (dTpa) Vaccine

- The dTpa vaccine provides protection for all three diseases.
- This dose in Year 7 is a booster dose from those given in early childhood.
- Common side effects of the vaccine include fever, nausea, headaches and aching muscles as well as redness, soreness and swelling at the injection site.

Human Papillomavirus (HPV)

- HPV is the name of a group of viruses that can cause genital warts and lead to some cancers in both males and females.
- Genital warts may develop however there are often no symptoms. HPV can be detected through cervical screening.
- It is spread by skin contact during all types of sexual activity.

Human Papillomavirus (HPV) Vaccine

- The vaccine protects male and female partners against infection and reduces the risk of related cancers and diseases.
- The vaccine is most effective when given before a person becomes sexually active.
- Common side effects of the vaccine include headache, fever, dizziness/fainting, nausea and vomiting as well as redness, soreness and swelling at the injection site.

Important

Does my child still need the dTpa vaccine if they have recently received a tetanus booster vaccine after an injury?

An ADT Booster (Adsorbed Diphtheria and Tetanus) Vaccine given after an injury does not protect against Pertussis. Therefore it is recommended and safe for the student to still receive this dTpa vaccine as this is an **adolescent booster dose**. If you're unsure of your child's vaccination status, refer to their Australian Immunisation Record via Medicare.

Vaccine information

- Vaccines are administered by an injection to the upper arm.
- All vaccines can cause mild reactions. They are usually short lasting and do not require any special treatment.
- A severe allergic reaction is very rare. The Child and Adolescent Immunisation Team nurses monitor students closely and will recognise and manage any severe reactions, as they generally occur within the first 15 minutes post vaccination.

Program information

What if my child is absent or refuses the vaccines on the day that the nurses visit the school?

If you have completed and returned a consent card with 'yes' consent, you will receive a letter (via MyDHR or post) advising you of any missed vaccines and how to catch up at either your GP or pharmacy.

What if my child is not participating in the High School Immunisation Program?

Please still complete the consent card and return it to your school as soon as possible. You will be able to access this vaccine FREE from your GP or participating pharmacy until your child's 20th birthday for dTpa and 26th birthday for the HPV vaccine. Some GPs and pharmacies may charge a consultation fee.

What will happen to my child's information?

Information is shared with the Health and Community Services Directorate in the event of an Adverse Event Following Immunisation and for surveillance of immunisation coverage. Please see our websites for more details.

How will I receive a record of my child's immunisation?

Students will receive a card with post vaccination information on the day. All vaccines given to students through the High School Immunisation Program will be uploaded to the **Australian Immunisation Register (AIR)**. To access an official immunisation record, please visit your MyGov account, or download the Medicare Express Plus app on your mobile phone.

Where can I get more information?

Go to this website

www.act.gov.au/health/topics/immunisation

Canberra Health Services High School Immunisation Program

Monday to Friday **8am - 4pm**

02 5124 1585

www.health.act.gov.au/services-and-programs/immunisation/adolescents
(or scan the QR code on the right)

* 1 5 3 1 3 *

Consent Card

Year 7 ACT High School Immunisation Program 2026

Canberra Health Services

ACT Government

Office Use Only: Complete details or affix label

URN: .....

Family Name: .....

Given Names: .....

DOB: ..... Sex: .....

N ☐ S ☐

Parent/Guardian to complete **all** fields in **CAPITAL** letters using a **black** or **blue** pen.

Student details

Surname

Given Name/s

Date of Birth / /

Gender ☐ Male ☐ Female ☐ Other

Country of Birth

Residential Street Address

Suburb

Postcode

Name of School

Medicare Number

☐ Number beside your child's name on the Medicare Card

Please register for My DHR by using the QR code otherwise correspondence will be sent by post.

Indigenous status

☐ No ☐ Yes, Aboriginal ☐ Yes, Torres Strait Islander

☐ Yes, both Aboriginal and Torres Strait Islander ☐ Decline to answer

Preferred language

☐ English ☐ Other

Details of parent of legal guardian signing consent

I have legal parental responsibility for this child as:

☐ Parent ☐ Legal Guardian

Name of Parent/Legal Guardian (e.g. JACK SMITH)

Mobile Number

Best alternative Number

Pre-vaccination checklist*

Please tick the appropriate box(es) if the student:

- ☐ has ever fainted when given an injection
- ☐ has received a vaccine in the last 4 weeks
- ☐ has a severe allergy and/or Anaphylaxis Care Plan
- ☐ has previously had a reaction to a vaccine
- ☐ is pregnant or breastfeeding
- ☐ has a medical condition (e.g. epilepsy, asthma, diabetes, including previous Guillian-Barre syndrome and blood borne illness)

If you ticked any box, please describe:

.....

.....

.....

*This consent card may be viewed by school staff. If there is any sensitive information you wish to confidentially discuss with nursing staff, please contact the Child and Adolescent Immunisation Team on **02 5124 1585**.

Parent or legal guardian consent

Please sign the 'yes' or 'no' boxes in pen only. I have read and understood the information provided regarding the benefits and possible side effects of the **HPV vaccine** and the **dTpa vaccine** and note that I can **withdraw consent** at any time.

Human Papillomavirus (HPV) Vaccine

☐ **Yes** I give consent for my child to receive the **HPV vaccine** at school.

Signature **Date**

OR

☐ **No** I do not consent for my child to receive the **HPV vaccine** at school.

☐ **No** my child has already received the **HPV vaccine.**

Signature **Date**

Diphtheria-Tetanus-Pertussis (dTpa) Vaccine

☐ **Yes** I give consent for my child to receive the **dTpa vaccine** at school.

Signature **Date**

OR

☐ **No** I do not consent for my child to receive the **dTpa vaccine** at school.

☐ **No** my child has already received the **dTpa vaccine** since their 10th birthday.

Signature **Date**

Once completed please return to your child's school as soon as possible. Thank you.

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