KU-RING-GAI COUNCIL

IMMUNISATION REGISTRATION

CHILD'S DETAILS

Family Name:		**Given Names:**	
Date of Birth:		**Gender:**	Male ☐ Female ☐
Address			
	Street address	Suburb	Postcode
Medicare Card Number:		**Child Medicare Reference no:**	1 / 2 / 3 / 4 / 5 / 6

PARENT / GUARDIAN'S DETAILS

Family Name:		**Given Name:**	
Relationship to Child:		**Please circle:**	Mr / Mrs / Ms / Other _____
Home Phone:		**Alternate Phone:**	Mobile / Work
Emergency Contact:		**Contact Phone:**	Mobile / Work

I, _____ **(*parent/guardian name)* having read**
(please print)

and understood the information on the risks and benefits of vaccination, do hereby give consent for the child,

_____ ***(name)*** **to be vaccinated as indicated on the 'Details' form.**
(please print)

Signature: _____ **Date:** ____/____/____

Please bring the completed form to the next immunisation clinic

For further information contact the Immunisation Co-ordinator on (02) 9424 0834.

Health Records and Information Privacy (HRIP) Act
In completing this form you will be prompted to supply personal information for the purposes of the Health Records and Information Privacy (HRIP) Act, 2002. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, Ku-ring-gai Council may be unable to process your request.
Council is required under the Act to inform you about how your personal information is being collected and used. If you require further information, please contact Council's Customer Service Centre on (02) 9424 0000 and ask for an information sheet to be sent to you.

INTERPRETER REQUIRED? ☐ YES ☐ NO LANGUAGE: _____

ABORIGINE OR TORRES STRAIT ISLANDER? ☐ YES ☐ NO

Record of immunisation history on page overleaf to be filled in by immunisation clinic co-ordinator at first clinic

KU-RING-GAI COUNCIL

IMMUNISATION DETAILS

OFFICE USE ONLY: Details of Immunisations Administered

KEY DETAILS

Child's Name:		**Date of Birth:**	
Medicare Card Number:		**Child Medicare Reference no:**	

Vaccine (diseases listed)	**Dose 1**		**Dose 2**		**Dose 3**	
	Date given	Consent (or provider details)	Date given	Consent (or provider details)	Date given	Consent (or provider details)
Hepatitis B (at birth)						
Infanrix Hexa						
- Diphtheria, Tetanus, Pertussis						
- Haemophilus influenzae type B (Hib)						
- Hepatitis B						
- Polio						
Prevenar (Pneumococcal)						
Rotarix (Rotavirus)						
Priorix (Measles, Mumps, Rubella)						
Hiberix (Hib)						
Meningitec (Meningococcal C)						
Varilrix (Varicella – Chicken Pox)						
Infanrix-IPV						
- Diphtheria, Tetanus, Pertussis						
- Polio						
Other						
Other						
Other						
Other						
Other						
Other						