

Measles, mumps and rubella

Special Immunisation Programme

Protect your child now against measles, mumps and rubella

Consent Form Please fill out and return the form to school.



immunise

their best protection

MMR Vaccine Consent Form

Many young people missed out on measles, mumps and rubella immunisation as children. To stop future outbreaks, students are being offered a FREE vaccine at school to help protect them against measles, mumps and rubella.

This form gives you information about the measles, mumps and rubella (MMR) vaccine and seeks your permission for your child to be immunised at school.

This form has two sections. The first is an information section for you to read and keep. The second section is the consent form, which needs to be filled out and returned to the school.

What are measles, mumps & rubella?

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 for up to a month.

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.

How can your child be protected?

The best protection is two doses of the MMR vaccine which protects against measles, mumps and rubella. It works by causing the body to make antibodies that fight these diseases.

If an immunised person comes into contact with any of these diseases, the antibodies in their blood will fight these viruses and help protect against being infected.



How well does the MMR vaccine work?

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.

How safe is the vaccine?

The MMR vaccine has an excellent safety record and has been used in New Zealand since 1990. For a list of possible reactions, see the common reactions section.

Who needs to be vaccinated?

If you're not sure whether your child has had two doses of MMR, the Ministry of Health recommends they get vaccinated. There are no additional safety concerns with having extra doses.

Most young people 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 before 2005 mean that many teenagers and young adults 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 or can't find records, the Ministry of Health recommends having the MMR vaccine now.





Who shouldn't be immunised?

There are very few children who shouldn't be immunised. Talk to your doctor, specialist or nurse 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 vaccine is not recommended during pregnancy.

Children with asthma or allergies, or who are recovering from an illness such as the common cold can still be immunised.

How is the vaccine given?

The MMR vaccine is given as an injection in the upper arm. Up to two doses are being offered in school. Your school will let you know when it's time to have the second dose.

Where else can I go to get my child immunised?

MMR immunisation is also available free from family doctors, some pharmacists (if you're 16 or older), and local health centres. If you change your mind about whether your child should receive MMR vaccine at school, please contact the school nurse directly.

Help stop measles, mumps and rubella outbreaks in our community - fill out and return the consent form to school today!

Common reactions

As with any immunisation, your child may have a sore arm and get redness, pain or swelling at the injection site.

Fewer than one in ten children may experience a mild response between 5 and 12 days after immunisation, such as mild fever, a rash or swollen glands.

Other reactions that can occur, usually within one or two days, include:

- headache
- a fever (feeling hot)
- nausea (feeling sick)
- fainting, dizziness (light-headedness); having a good breakfast or lunch before immunisation can prevent fainting or dizziness
- general discomfort (feeling unwell, aches and pains).

Anaphylaxis is a serious allergic reaction which can occur with any vaccine. It happens rarely, to around three people out of every million vaccines given, and usually happens within minutes of a vaccine being given. Every vaccinator is trained and able to deal with a reaction like this. Your child will be watched for 20 minutes after each immunisation. This is standard practice following any immunisation.

The vaccinator will also give your child advice about what to do after the immunisation.

Information about other rare reactions is available online at www.medsafe.govt.nz.

Immunise at school or at your local GP

The chance of your child having a serious side effect is very much less than the chance of your child having a permanent injury from the diseases.

If your child has any unusual or severe symptoms after being vaccinated please contact your family doctor or public health nurse. You can also call Healthline free on 0800 611 116 anytime, 24 hours a day, 7 days a week. 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).

Where can I get more information?

- Speak to your family doctor or practice nurse
- Visit <http://www.health.govt.nz/immunisation>
- For technical information about the vaccine, search www.medsafe.govt.nz for “MMR” or “Priorix”
- Freephone **0800 IMMUNE (0800 466 863)**
- Contact the school nurse directly if you would like more information about completing the Parent Consent Form or if you would like this information in another language.

Consumer rights

The Code of Health and Disability Services Consumers’ Rights applies to all health and disability services 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 let you know before doing this. This information, together with the information you give on the Parent Consent Form, is used to help run this immunisation programme. Information from the consent form and details of each immunisation given or declined (turned down) will be recorded by your district health board. Some information will be passed to the National Immunisation Register.

The National Immunisation Register is a national database, held by the Ministry of Health, which records immunisations given in New Zealand.

This information 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 this, contact your public health nurse, doctor or health centre.

Public health nurses will use this information:

- 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 inform the school of whether or not your child was immunised
- to help assess this immunisation programme and plan future programmes, or
- to refer your child to your family doctor or practice nurse 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 district health board’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.

Nurse contact details:

Consent form to indicate whether you **DO** or **DO NOT** want your child to receive MMR immunisation at school

If you are aged 16 or over you can fill out this form yourself.

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

If you **DO want** your child to have the MMR immunisation, please fill out all of **Section A**

If you **DO NOT want** your child to have the MMR immunisation, please fill out **Section B**

A

Section A1 – Yes, I do want my child to have the MMR immunisation at school

Your child's personal details

School:

Room name or number:

Surname (last or family name):

First name:

Middle name(s):

Your child's date of birth:

Other surnames your child has had:

Is your child:

☐

Male

☐

Female

☐

Gender diverse

Home address:

Postcode:

Phone: (day)

(evening)

(mobile)

Email (only provide if you are happy for us to contact you by email):

With which ethnic group does your child most closely identify? (You may tick more than one.)

☐

NZ European

☐

Māori

☐

Samoaan

☐

Cook Islands Māori

☐

Tongan

☐

Niuean

☐

Chinese

☐

Indian

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

Section A2 – Your child's medical history

Doctor's name:

NHI number* (if known):

Medical centre name:

Phone number:

Medical centre address:

* An NHI (National Health Index) number is a unique number assigned to each person who accesses publicly-funded health services in New Zealand.

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, is HIV positive, has cancer.

Yes

☐

No

☐

If yes, please describe:

Do they have any severe allergies to food or medicines?

Yes

☐

No

☐

If yes, please describe:

Do they take any regular medication?

Yes

☐

No

☐

If yes, please list:

Section A3 – Declaration

I confirm that I want my child to have the MMR immunisation (injection) at school.

Please tick one

I am: ☐ Mother ☐ Father ☐ Guardian ☐ Aged 16 or over and consenting on my own behalf

Your full name:

Your signature: Date of consent: (day / month / year)

A day-time / emergency contact name: A day-time / emergency phone number:

Thank you. Please return this consent form to school.

The public health nurse may contact you if they have any questions about the information you have provided in this form.

B

Section B – No, I do not want my child to have the MMR immunisation at school

Your child's personal details / Declaration

School: Room name or number:

Surname (last or family name): First name:

Middle name(s): Child's date of birth:

With which ethnic group does your child most closely identify? (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:

Is your child: ☐ Male ☐ Female ☐ Gender diverse

Doctor's name: NHI number (if known):

Medical centre name: Medical centre phone number:

☐ No, I do not want my child to have the MMR immunisation (injection) at school.

Reasons for declining the immunisation

- ☐ I will take my child to the family doctor or another health provider to be immunised
☐ My child has already received both MMR immunisations ☐ I do not consent to immunisation
☐ Other

Please tick one

I am: ☐ Mother ☐ Father ☐ Guardian ☐ Aged 16 or over and consenting on my own behalf

Your full name:

Your signature: Date (day / month / year):

Thank you. Please return this consent form to school.

This is so the public health nurse knows you do not want the MMR immunisation given at school and does not need to contact you.
The immunisation may be offered by your general practice at a later date.

National Immunisation Register

Immunisations are recorded on the National Immunisation Register so that authorised health professionals can find out what immunisations have been given. It helps identify people who are due for immunisations or who have missed out. For more information, see the Privacy section.

If you do not want your child's immunisations recorded on the National Immunisation Register, please inform the public health nurse. If you do this, your child's doctor will not have access to your child's immunisation records. The register will still keep the National Health Index (NHI) number, date of birth, district health board and records of any earlier immunisations.

Student's Name

Vaccine administered

MMR dose one:

Date (day / month / year):

Batch number:

Expiry date (day / month / year):

Diluent:

Expiry date (day / month / year):

Administration site:

Time:

Right deltoid Left deltoid :

Vaccinator's signature:

Vaccinator's name:

MMR dose two:

Date (day / month / year):

Batch number:

Expiry date (day / month / year):

Diluent:

Expiry date (day / month / year):

Administration site:

Time:

Right deltoid Left deltoid :

Vaccinator's signature:

Vaccinator's name:

Vaccine not administered / rescheduled

Attempt one:

Date (day / month / year):

Not vaccinated because:

- ☐ Chose to attend doctor
- ☐ Student already received MMR
- ☐ Absent
- ☐ Contraindicated
- ☐ Student unwell
- ☐ Student refused vaccination
- ☐ Consent withdrawn
- ☐ Moved
- ☐ Other:

Vaccinator's / Administrator's signature:

Vaccinator's / Administrator's name:

Attempt two:

Date (day / month / year):

Not vaccinated because:

- ☐ Chose to attend doctor
- ☐ Student already received MMR
- ☐ Absent
- ☐ Contraindicated
- ☐ Student unwell
- ☐ Student refused vaccination
- ☐ Consent withdrawn
- ☐ Moved
- ☐ Other:

Vaccinator's / Administrator's signature:

Vaccinator's / Administrator's name:

Vaccinator use only

[illegible]

Adverse effects following immunisation (AEFI)

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