The Human Papillomavirus (HPV) vaccine  
(the cervical cancer vaccine)

Form consent for the school-based programme

The HPV vaccine, which protects against some types of HPV that can cause cervical cancer, is free to girls and young women. The information in this consent form is provided to help you choose whether to have the vaccine at school.

• Students are encouraged to discuss this information with their parents or guardians.  
• Parents or guardians are encouraged to consent on behalf of the student and sign the consent form for the student under 16 years.  
• Students 16 years and over can choose to decline the vaccine at school.  

Privacy of the information on the consent form

The information on the consent form is provided to help you choose whether to have the vaccine at school. The information you provide on the consent form will be used to identify girls and young women who have not been vaccinated.

The information on the consent form will be used to help public health nurses and district health boards identify girls and young women who have not been vaccinated.

For Girls 16 Years and Over

• Parents or guardians (or anyone authorised to consent on behalf of the student) must fill in and sign the consent form for students under 16 years.  

For Students 16 Years +

• The public health nurse is satisfied that this student either:
  - Has read and understands the information set out in the HPV leaflet, which I have shown to her, or attended a session at school where the information was given on HPV immunisations.
  - Gave informed consent to receiving all three HPV vaccinations.

The public health nurse is satisfied that this student either:
  - Has read and understands the information set out in the HPV leaflet, which I have shown to her, or attended a session at school where the information was given on HPV immunisations.
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70% of cervical cancer and two types of HPV that cause 90% of genital warts.

Girls and young women can receive a FREE vaccine to protect against infection with some types of
other 2 types of HPV, like genital warts.

The vaccine was shown to be safe during large clinical trials and is used in more than 100 countries.

How safe is the vaccine?

The vaccine is highly effective in preventing some of the types of HPV that can cause cervical cancer.

Vaccinating girls and young women against 2 types of HPV that can cause cervical cancer will reduce their
chances of getting cervical cancer later in life. It also helps to prevent other health problems caused by the
HPV virus.

Every year in New Zealand about 160 women are diagnosed with cervical cancer and 60 die from it.

How effective is the vaccine?

The vaccine is given as a series of three injections into the upper arm. These injections are given over
6 months. The nurse will give students a form stating where and when the vaccination was given.

The public health nurse will observe students for 20 minutes after each vaccination.

Students may have a sore arm where the vaccination is given. This reaction is expected.

Other possible reactions include:

- Feeling hot (fever)
- Feeling sick (nausea, vomiting)
- Feeling tired
- Headache

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If you have any questions about the information on this form or the vaccine, contact the public health nurse and
they will help you. To be entirely clear on this page, The public health nurse will contact you if you have any questions about the information you provide on the consent form.

GIVING CONSENT

Girls and young women under 16 need a parent or guardian to fill in and sign the consent form.

• Young women 16 years and over, may choose to fill in and sign this consent form for themselves.

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• National Screening Unit (www.nsu.govt.nz).

• Ministry of Health’s immunisation page (www.moh.govt.nz/immunisation)

• Medsafe, for information on the safety of the vaccination (www.medsafe.govt.nz)

You can also visit these websites:

There is more information about privacy on the back page.

What if I change my mind?

You can change your mind before or after any of the three vaccinations, but not after the third vaccination.

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Changes to your mind before giving consent (before or after any of the three vaccinations)

• change your mind after giving consent (before or after any of the three vaccinations)

• are a parent or guardian and would like to be at school when your child receives her vaccinations

• would like more information about filling in this form

• are a parent or guardian and would like to be at school when your child receives her vaccinations

• change your mind after giving consent (before or after any of the three vaccinations) and do not want the vaccinations given at school, you must contact the public health nurse directly.

You can change your mind before or after any of the three vaccinations, but not after the third vaccination.

If you have any questions about the information on this page or the vaccine, contact the public health nurse and
they will help you. To be entirely clear on this page, The public health nurse will contact you if you have any questions about the information you provide on the consent form.

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• are a parent or guardian and would like to be at school when your child receives her vaccinations

• change your mind after giving consent (before or after any of the three vaccinations) and do not want the vaccinations given at school, please do not sign the consent form.

You can change your mind before or after any of the three vaccinations, but not after the third vaccination.

Consent Form for Receiving the HPV Vaccine

How to Complete this Form

This form can be completed at home. The consent form must be signed and returned to school.

DO NOT AGREE

SIGNATURE

Date:

City:

Signature:

Name of clinic where the vaccination was given:

Date of birth:

Student's first name:

Street name:

Home address:

Student's last name:

Print family or legal guardians' name:

Relationship to student:

Gender:

Medical centre phone number:

Medical centre address:

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

Other possible reactions include:

- Feeling hot (fever)
- Feeling sick (nausea, vomiting)
- Feeling tired
- Headache

If yes, how long did the allergic reaction last? (1 to 7 days)

When was the vaccine called? GARDASIL® / Cervarix®

FOR PARENTS OR GUARDIANS

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STUDENT NAME:

CONSENT FORM FOR RECEIVING THE HPV VACCINE

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Street name:

Home address:

Student's last name:

Print family or legal guardians' name:

Relationship to student:

Gender:

Medical centre phone number:

Medical centre address:

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