

## WITHDRAWN CONSENT FORM

Return form to Janice Kitson ( Immunisation Coordinator):

email: school.program@sswahs.nsw.gov.au

fax: 8778 0838

DATE: \_\_\_\_/\_\_\_\_/**2018**

Dear Director of Public Health,

SCHOOL: \_\_\_\_\_

has received a request to withdraw consent for vaccination from a parent/guardian for the school vaccination program.

PARENT / GUARDIAN NAME: \_\_\_\_\_

STUDENT's NAME: \_\_\_\_\_

STUDENT's DATE of BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

CONSENT is WITHDRAWN for: (tick the vaccine to be withdrawn)

Human Papilloma Virus - HPV- Gardasil<sup>9</sup> vaccine

Diphtheria, Tetanus & Pertussis - Boostrix vaccine

Meningococcal ACWY – Menactra vaccine

Yours sincerely,

Name of Principal / School Coordinator: \_\_\_\_\_

Signature of Principal / School Coordinator: \_\_\_\_\_