2024 NSW School Vaccination Program.



How to provide consent guide for parents.

- 1. Scan QR code or search by URL https://engage.health.nsw.gov.au/engage
- 2. Log in to School Vaccination Program tile



3. Select the ServiceNSW Account.

The ServiceNSW Account log in page will display.

NOTE: If you do not have a ServiceNSW account, please click here to register



- 4. In the log in screen, type in your ServiceNSW account details:
 - a) Enter your Email
 - b) Enter your Password
 - c) Click Continue

The Complete your profile page will display.

 In the Parent/Guardian Details section, update you details as required.

The information that can be edited is:

- a) Given name
- b) Family Name
- c) Sex
- d) Date of Birth
- e) Contact Numbers.
- 6. In the Your Medicare Details section:
 - a) Type your Medicare number
 - b) Type your Individual reference number
- 7. Click **confirm**.

The NSW School Vaccination Program homepage will display

MyServiceNSW Account	
Log in	
Email	
jason.green@example.com.au	
Password	
	Show
Reset password	
Continue	
I don't have an account. Create account	

	Complete	your profile	
Parent/Guardian Details			
* Given Name		* Family Name	
Jason		Green	
' Sex		* Date of birth (e.g. 31-01-2021)	
Male	Ŧ	24-09-1966	i
Mobile number		Best alternate number	
0.6123456289			

Interstant 1 John A CITIER 1 John A CITIER	
AFSSICA A CITITEN	в
Medicare card number (10 digits, no space)	* Individual reference number (IRN)



 From the NSW School Vaccination Program homepage click Provide consent.



- 9. In the School clinic section:
 - a) Select your child's school and
 - b) School Year

School Clinic	
* Please use the search bar below to type and select your child's school:	
Georges River College Penshurst Girls Ca Penshurst 2222	*
* School Year	

10.In Your Child's Details section:

- a) Enter their Given Name
- b) Enter their FamilyName
- c) Select their **Sex**
- d) Select Indigenous status
- e) Enter your child's date of birth in the format DD-MM-YYYY

Your Child's Details	
* Given Name	
Stephanie	
* Family Name 🔞	
Green	
* Sex	
Female	*
* Indigenous status	
Neither Aboriginal nor Torres Strait Islander origin	*
* Date of birth (e.g. 31-01-2021)	
05-12-2009	i

11.In the Parent/Guardian Details section, select your **Relationship** to student

Parent/Guardian Details	
* Relationship to student	
Parent	Ψ.
Given Name	Family Name
Jason	Green
Mobile number	Best alternate number

12.In the Home Address section, type in the child's **address**

Home Address	
Please start typing your address below	
1-5 AUSTRAL ST, PENSHURST NSW 2222	٦
I can't find the address	

- 13.In the Child's Medicare Details section:
 - a) Type in the child's Medicare number
 - b) Type in the child's
 Individual
 reference number

Child's Medicare Details	
Your child's Medicare number will be used to match y Immunisation Register (AIR). If your child has their ov	your child's vaccination records on the Australian wn Medicare card use this rather than the family one.
medicare	
* Medicare card number (10 digits, no space)	• Individual reference number (IRN)
2954168691	2

14.Click the Parent

information Sheet to read the benefits and risks of vaccination.

A new browser tab will open to display the Parent information Sheet and Privacy Statement

Step 2 of 3: Read Parent Information Sheet

Please open and read the Parent Information Sheet below to understand the benefits and risks of vaccination. You will be asked to declare that you have read and understood the Parent Information Sheet.

A Privacy Statement that describes how your personal information will be stored and used is also included.

Parent information

Parent Information Sheet - Year 7

Information in other languages

Privacy statement

15.Read and **select** the declaration

statements to indicate:

- a) You have read and understood
 the Parent
 Information Sheet
- b) You have read and understood
 the Privacy
 Statement
- Your child does not have any of the listed medical conditions.

l, Jason Green

- * Declare that I have read and understood the information in the Parent Information Sheet regarding the benefits and possible side effects of Human Papillomavirus (HPV) and Diphtheria-Tetanus-Pertussis (dTpa) vaccines and note that I can withdraw consent at any time
- * Declare that I have read and understood the Privacy Statement and I understand that my and/or my child's personal information (including health information) may be disclosed in certain circumstances as set out in that Privacy Statement

* Declare to the best of my knowledge that my child:

- Has not had an anaphylactic reaction following any vaccine
- Does not have an anaphylactic sensitivity to any of the vaccine components listed in the Parent Information Sheet
- Is not pregnant



Important information

If the child has any of the listed medical conditions, it may not be suitable for them to receive the vaccination and you should seek medical advice.

16.In the Consented Vaccines

section,

select to indicate your consent of the vaccines.

NOTE: Consent must be provided for a child to receive their vaccination. Students over the age of 18 can provide their own consent.

Consented Vaccines

I, Jason Green, give consent for my child Test Green, to receive a one-dose course of the Diphtheria-Tetanus-Pertussis (dTpa) vaccine

I, Jason Green, give consent for my child Test Green, to receive a two-dose course of the Human Papillomavirus (HPV) vaccine

Previously vaccinated for Human Papillomavirus (HPV) vaccine Dose 1

1	7		Туре	and	additional	
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comments you

would like the school to be to be aware of in the Additional Comment field.



18.Click Next

All information you have entered has been saved and consent has been recorded.

19. The Consent Recorded page

will display with important details for you to read. A copy of the consent will be texted and emailed to you.

20. To provide consent for another child, click Provide consent for another child.

> A new School Vaccination Consent Form will display

Follow steps 2-11 of this guide to complete the form.

21.To return to the School Vaccination Program homepage click Return to home.

The School Vaccination Program homepage will display

	Next
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l	Consent Recorded
	Thank you for providing consent for Stephanie Green to be vaccinated through the school vaccination program.
	Diphtheria-Tetanus-Pertussis (dTpa) Human Papillomavirus (HPV)
	You will shortly receive an email confirming that you have given consent. You will then receive emails after each vaccine dose has been given.
	Parents can request a copy of their child's AIR Immunisation History Statement at any time (before the children turn 14 years of age) using their Medicare online account through MyGov (my.gov.au), using th Medicare Express Plus App (humanservices.gov.au/individuals/subjects/express-plus-mobile-apps) or b calling the AIR General Enquiries Line on 1800 653 809.



