

CITY OF RYDE IMMUNISATION APPLICATION

Please print details of Child:

SURNAME GIVEN NAMES.....

DATE OF BIRTH MALE OR FEMALE.....

ADDRESS:..... Phone No (H).....

..... Phone No (W).....

MEDICARE NUMBER..... CHILD'S MEDICARE REFERENCE NUMBER.....

EARLY CHILDHOOD CENTRE ATTENDED

The following diseases are currently covered by the Australian Standard Immunisation Schedule in either combination and/or single vaccines: Hepatitis B, Diphtheria, Tetanus, Pertussis (whooping cough), Polio, Measles, Mumps, Rubella, Pneumococcal, Meningococcal, Haemophilus influenza type B (Hib), Varicella (chicken pox) and Rotavirus.

I wish my child to be enrolled in the City of Ryde's Immunisation Programme and authorize the administration of the appropriate vaccines according to the NSW Immunisation Schedule. I have read and understand the information provided regarding the benefits and possible side effects of the scheduled vaccines. I understand my child will be assessed and my consent obtained at each clinic before any of the above vaccines is given.

Signed: (Mr) (Mrs) (Ms) (Parent/Guardian only)

Name: (Please print)..... Date

Please post this card to Ryde City Council, Locked Bag 2069, North Ryde 1670. You will be notified by mail when and where to attend for treatment.
For further information contact the Immunisation Coordinator on 9952 8268

SEE OVER →

CITY OF RYDE IMMUNISATION APPLICATION

Please give details (Date, State and/or Country) or attach copy of any previous immunisations

TRIPLE ANTIGEN / INFANRIX HEXA	ORAL POLIO (SABIN) OR IPV	PNEUMOCOCCAL
1.	1.	1.
2.	2.	2.
3.	3.	3.
4.	4.	
HEPATITIS B	MEASLES/MUMPS/RUBELLA	PEDVAX OR HIB
Birth Dose	1.	1.
1.	2.	2.
2.		3.
3.		
VARICELLA (chicken pox)	MENINGOCOCCAL C	ROTAVIRUS
OTHER		1.
OTHER		2.

Nursing Staff: Please complete above immunisation details or attach copy of Immunisation record

INTERPRETER REQUIRED? Yes / No LANGUAGE ABORIGINAL or TORRES STRAIT ISLANDER? Yes/ No

Health Records and Information Privacy Act (HRIP) Act

In completing this form you will be prompted to supply information that is personal information for the purposes of the Health Records and Information Privacy Act 2002. The supply of this information is voluntary. If you cannot provide, or do not wish to provide the information sought, the 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 the City of Ryde's Customer Service Centre on 9952 8222 and ask for an information sheet to be forwarded to you.