

Schools | Providing Consent

Booking Link

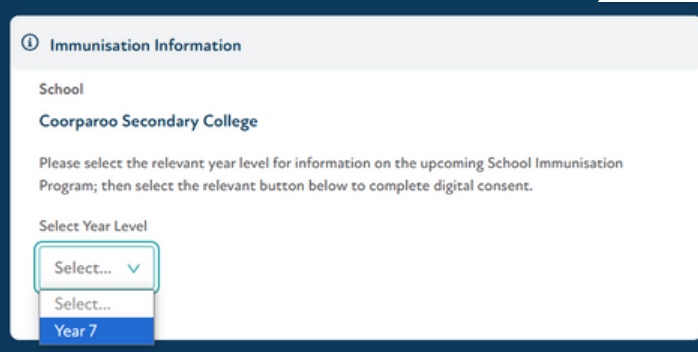
1

Click on the booking link or QR code provided by the school. This will take you straight to the Vitavo Parent Portal which is accessible on phone, tablet or computer.

Choose your Year Level

2

From the first page, choose your child's school level



Immunisation Information

School
Coorparoo Secondary College

Please select the relevant year level for information on the upcoming School Immunisation Program; then select the relevant button below to complete digital consent.

Select Year Level

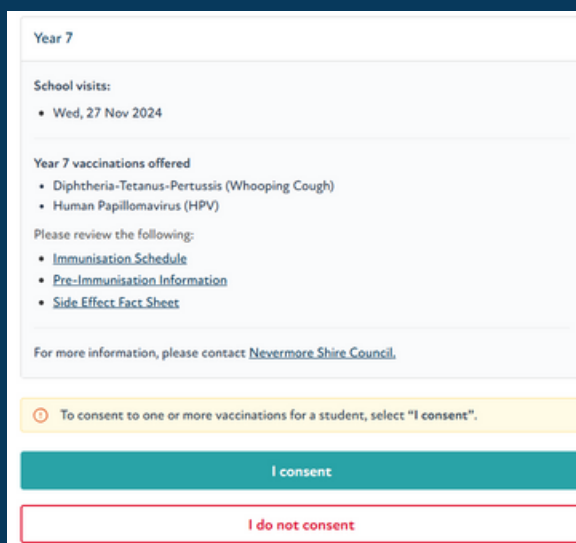
Select... v

Select...

Year 7

Choose to provide consent

3



Year 7

School visits:

- Wed, 27 Nov 2024

Year 7 vaccinations offered

- Diphtheria-Tetanus-Pertussis (Whooping Cough)
- Human Papillomavirus (HPV)

Please review the following:

- [Immunisation Schedule](#)
- [Pre-Immunisation Information](#)
- [Side Effect Fact Sheet](#)

For more information, please contact [Nevermore Shire Council](#).

To consent to one or more vaccinations for a student, select "I consent".

I consent

I do not consent

The next page provides you with the information on the scheduled visit including the vaccinations offered.

Read through the the documents provided to inform yourself on the vaccines offered, then choose to provide consent for the student.

Choose **I consent** if you wish for the student to be vaccinated. OR **I do not consent** if you don't wish to proceed.



Schools | I Do Not Consent

If you choose **I Do Not Consent** you will be required to fill in a form that allows the school to identify those students that have not consented.

Please complete form

I do not consent

Please Select Your Reason For Not Consenting To Vaccination:

- My child is already vaccinated
- I plan on getting my child vaccinated elsewhere
- I am an objector to vaccination (conscientious objector)
- I have changed my mind - I previously consented and wish to withdraw consent for a student
- Other reason

Completing this information will ensure you are not followed up unnecessarily.

Student's First Name

Student's Last Name

Student's Date Of Birth
DD ▼ MMM ▼ YYYY ▼

Gender
 Male Female Another term

School Name

Year Level
 ▼

Adult First Name

Adult Last Name

Adult's Relationship With Student
 Parent Legal guardian Other

Contact Number

Email Address

The form includes the students name, date of birth, gender and year level as well as your name and your relationship to the student.

You are not required to create a profile in Vitavo to record your information on this form.



Schools | I Consent

If you choose **I consent** for the vaccination to be administered you will be required to create an account in Vitavo or, log in to your existing Vitavo account.

Creating a new account will require access to an email address to verify your account.

Once you are logged into Vitavo, you will be required to enter the students information and record your details to provide consent

The screenshot shows a dark blue login page with the title "Login" in white. Below the title, it says "Don't have an account yet?" followed by a link "Create an account". The main form area is white and contains two input fields: "Email Address" and "Password". The password field has a toggle icon for visibility. Below the fields are two checkboxes: "Remember me" (checked) and "Forgot password?". A teal "Login" button is centered below the checkboxes. At the bottom of the form area is a link "Create an Account".

The screenshot shows a form titled "Student Information" with a progress indicator at the top showing three steps: the first is active, the second is partially active, and the third is inactive. The form is divided into two main sections: "Student Details" and "Address Details".

Student Details

- Student First Name: [Text input field]
- First Name as appears on Birth Certificate or Medicare card: [Text input field]
- Student Last Name: [Text input field]
- Last Name as appears on Birth Certificate or Medicare card: [Text input field]
- Medicare Status: [Dropdown menu with "Select Medicare Status" option]
- Medicare Number (optional): [Text input field]
- Medicare Individual Reference Number (optional): [Text input field]

Address Details

- Address 1: [Text input field]
- Address 2 (optional): [Text input field]
- Suburb: [Text input field]
- State: [Dropdown menu with "Select a state" option]
- Postcode: [Text input field]

School Details

- School: [Text input field]

Schools | I Consent

Record their medical conditions -
these can be updated at any time

Skarlet Weatherby

Medical Conditions

Is Skarlet Weatherby Pregnant? (optional): Yes No

Select if relevant

- Renal (Kidney) Disease
- Haematological Disorders
- Immunocompromising Conditions (select relevant condition/s from the options listed)
- Diabetes And Other Metabolic Disorders
- Cardiac Disease
- Chronic Neurological Conditions
- Chronic Respiratory Conditions
- Chronic Liver Disease
- Trisomy 21 (Down Syndrome)
- Long-term aspirin therapy in children aged 6 months to 10 years
- Previous episode of invasive pneumococcal disease
- Developmental Disability


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Schools | I Consent

Then reaffirm their vaccinations

Skarlet Weatherby



Select Immunisation


National & State Immunisation Program:

- Year 7 School Free
 - Diphtheria-Tetanus-Pertussis (Whooping Cough)
 - Human papillomavirus (HPV)

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Provide Consent

Informed Consent



I, Amanda Weatherby, give informed consent for Skarlet Weatherby to receive the vaccine(s) for the diseases listed below:

Year 7 School

- Diphtheria-Tetanus-Pertussis (Whooping Cough)
- Human papillomavirus (HPV)

I have reviewed the information provided in the links below:

- [Immunisation Schedule](#)
- [Pre-Immunisation Information](#)
- [Side Effect Fact Sheet](#)

I understand the disease, effects of the disease and possible side effects of vaccination.

I understand that I can withdraw consent at any time prior to receiving the vaccination and should discuss any questions I have with my Immunisation provider.

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Schools | I Consent

Complete the Pre-Immunisation checklist

Pre-immunisation Checklist

This checklist allows Nevermore Shire Council to assess your vaccination eligibility. You must complete this form prior to arrival at Coorparoo Secondary College.

1 Skarlet Weatherby

Dependant

Does Skarlet have a disease or condition which lowers immunity (e.g leukaemia, cancer, HIV, SCID)?

No

Does Skarlet take medication or receive treatment which lowers immunity (e.g. oral steroids, disease-modifying anti-rheumatic drugs [DMARDs], radiotherapy, chemotherapy)?

No

Has Skarlet ever had a severe reaction following any vaccine or medication (such as anaphylaxis)?

No

Does Skarlet have any severe allergies to anything?

No

Has Skarlet received any other vaccination in the past month?

No

Has Skarlet ever fainted or felt dizzy after having an injection?

No

Is Skarlet pregnant?

No

Is there any other information you would like to share with the Immunisation Team about Skarlet's vaccination?

No

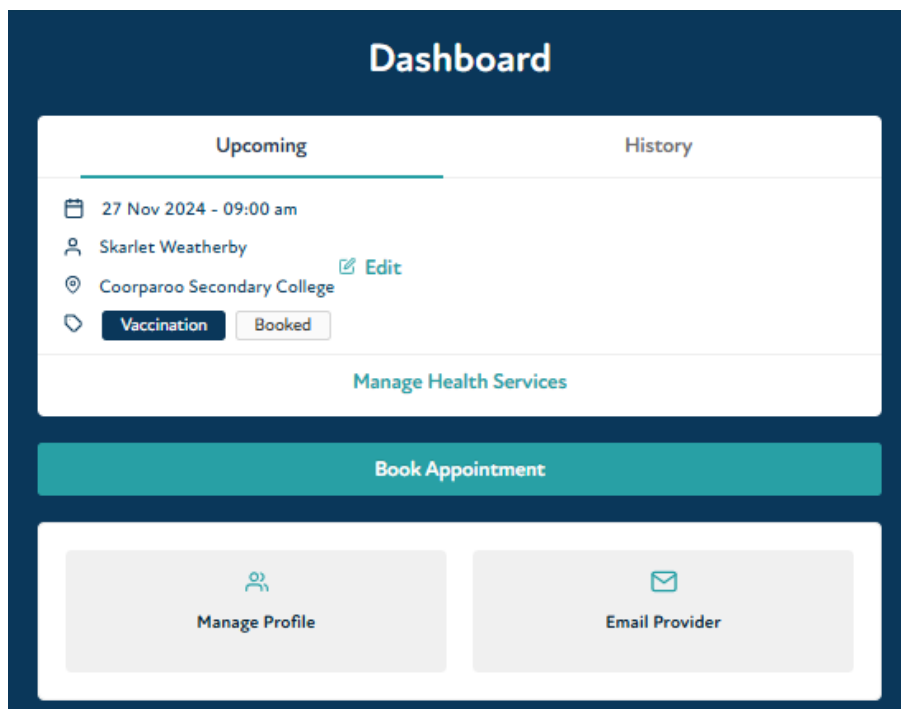
[Continue](#)

2 Certify

Schools | Withdraw Consent

You can log into your profile of Vitavo at any time and withdraw consent for the immunisation.

From the home page, click on the EDIT button beside the vaccine



And withdraw consent

