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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Consent to Release / Obtain information to verify immunisation of kindergarten children | | | | | | | | | | |
| A person in charge of an education and care service is authorised to request your child’s immunisation history statement under Chapter 5, Part 2, Division 3, s177(c) of the *Public Health Act 2005*. If you have not been able to provide an immunisation history statement, with your consent the Department of Education (DoE) can assist you to obtain one through the local [Public Health Unit (PHU)](https://www.health.qld.gov.au/system-governance/contact-us/contact/public-health-units). If you wish this to occur, please provide the personal information about you and your child that is requested in this form. A copy of this form will then be provided to the PHU, who will verify your child’s immunisation status. The information about your child’s immunisation status will be provided to you and to the service to be kept on your child’s file. The information will not be used or disclosed for any other purpose unless you provide your consent, or as otherwise required or authorised by law. | | | | | | | | | | |
| Name of kindergarten service:  …………………………………………………………………………………………………………………………………..  **PARENT / GUARDIAN TO COMPLETE**  Child’s last name: …………………………………………………………………………………………………………….  Child’s first name: ……………………………………………………………………………………………………………. | | | | | | | | | | |
| Date of birth: \_\_\_/\_\_\_/\_\_\_\_\_\_\_\_ | | | | Gender: | | | Male |  | Female |  |
| Medicare number (include child’s reference number, located on card):   |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | |  |  |  |  |  |  |  |  |  |  |  |  |  |   Is your child: | | | | | | | | | | |
|  | Aboriginal |  | Torres Strait Islander | |  | Aboriginal & Torres Strait Islander | | | | |
|  | Not Aboriginal or Torres Strait Islander |  | Not stated/unknown | |  | | | | | |
| Address of child:  ………………………………………………………………………………..…………………….Postcode: ………………  Has the child been known by any other name? If so, please provide details:  …………………………………………………………………………………………………………………………………. | | | | | | | | | | |
| **PARENT / GUARDIAN CONSENT**  I, ………………………………………………………………………………………………………………………..………  of …………………………………………………………………………………………… Postcode: ……………………  consent to the education and care service, named above, giving the personal information about me and my child in this form to the local Public Health Unit to:  ✓ verify my child’s immunisation status to the education and care service, and contact me to arrange vaccination in the event my child’s immunisation status is not up to date.  Parent / guardian signature: ……………………………………………………………………..Date: \_\_\_\_\_/\_\_\_\_/\_\_\_\_\_  Best contact phone number: …………………………………………………… | | | | | | | | | | |