PARENTAL CONSENT

FOR CHILDHOOD IMMUNISATION AND VACCINATION

When is this form required?
Form to be signed by parent to give consent for the vaccination.

If a parent or legal guardian of a child cannot accompany the child to the surgery for their vaccinations, this form **MUST** be completed fully.

If I can bring my own child to the surgery do I need to complete the form? NO

What happens if I arrive without the form being completed fully?
We are unable to give any vaccinations. A new appointment will have to be arranged which will delay the completion your child's vaccinations.

Do I need a form for each of my children?
Yes. We need your consent and required details for each child. The form is attached to your child's records so a separate form is required for each of your children requiring vaccinations.

I consent to my child [insert child's full name] _____,
Child's date of birth: _____ having the following vaccinations;

Please tick the appropriate vaccination your child requires:

☐ **2 months**: 1st Diptheria, Tetanus, Pertussis, Hib, Inactivated polio, Hep B, Rotavirus, Meningococcal B.

☐ **3 months**: 2nd Diptheria, Tetanus, Pertussis, Hib, Inactivated polio, Hep B, Rotavirus, Pneumococcal.

☐ **4 months**: 3rd Diptheria, Tetanus, Pertussis, Hib, Inactivated polio, Hep B, meningococcal b

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☐ **12-13months** 1st Measles, Mumps and Rubella, Pneumococcal, Meningococcal B. Hib/Men C booster

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☐ **2-5 years:** 2nd Measles, Mumps and Rubella, Diptheria, Tetanus, Inactivated Polio, Pertussis.

☐ **14 years**; Revaxis booster, Meningococcal ACWY

☐ **6mth - ANY AGE (in at risk group)** FLU Vaccine

Telephone number of the parent who can be contacted at the time of the vaccination if needed:
Full name of parent or legal guardian:_____
(If there is a query and parent/Legal guardian is not available we will be unable to vaccinate)

Mobile tel no: _____
Home tel no: _____
Work tel no: _____

Any concerns or problems arisen from past vaccinations YES/NO (please delete)
If YES – what happened?

Has your child any allergies? YES/NO (please delete)
If Yes – to what?

Name and relationship of the person bringing your child into the child vaccination clinic.

Parent/Guardian:

Parents Advocate:

Parental comments:

Signed: ……**(PARENT/LEGAL GUARDIAN)**

Date: ……..

For office use only
Print Name: ……(Health Care Professional)

Signed: ……(Health Care Professional)

Date: ……..