

Form reviewed by School Nurse	Initials and Date
Name checked against class list	

## School Year 2020\_21 Consent Form for Tetanus/ Diphtheria/ Polio and Meningitis ACWY Immunisation

Please read the enclosed information leaflets. You are asked for consent for 2 immunisations: the 5<sup>th</sup> and final dose of Tetanus/ Diphtheria/ Inactivated Polio (Td/IPV) and also the Meningitis ACWY vaccine. Please complete this consent form and return to school **as soon as possible**.

<b>Name:</b>	<b>Date of Birth:</b>
<b>Address:</b>	<b>Name of Parent/ Guardian:</b>
<b>Any previous addresses:</b>	<b>Daytime telephone number:</b>
<b>School:</b>	<b>Form group:</b>
<b>Name and address of GP/ Health Centre: NHS Number:</b>	

### TO BE COMPLETED BY PARENT/ GUARDIAN

Relationship to young person	YES (please give further details)	NO
<i>Does the young person have any medical conditions? Is the young person currently using medicines/ inhalers?</i>		
<i>Does the young person have any severe allergies? Has the young person ever had a severe reaction to any medicines, including vaccines?</i>		
<i>Has the young person had a tetanus/ diphtheria/ polio vaccination since their pre-school booster? (e.g. following an injury) If so, please provide details and the date it was given.</i>		
<i>Has the young person previously had a Meningitis ACWY vaccination (e.g. for a holiday). If so, please provide details and the date it was given.</i>		

### PARENT/GUARDIAN CONSENT

<ul style="list-style-type: none"> <li>I have understood and read the attached leaflet 'Teenage Immunisations' in particular the section of benefits and side effects.</li> <li>I confirm that all those with parental responsibility consent to the proposed immunisations</li> </ul>
I want the child named above to receive the combined <b>Td/IPV</b> booster vaccine AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/>
Name (of parent/ carer)
Relationship to Young Person
Signature
Date

<ul style="list-style-type: none"> <li>I have understood and read the attached leaflet 'Teenage Immunisations' in particular the section of benefits and side effects.</li> <li>I confirm that all those with parental responsibility consent to the proposed immunisations</li> </ul>
I want the child named above to receive the combined <b>Meningitis ACWY</b> vaccine AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/>
Name (of parent/ carer)
Relationship to Young Person
Signature
Date

If, after discussion, you and your child decide that you do not want him/her to have the vaccines; it would be helpful if you would give the reasons for this in the comment box overleaf, and return the form to their School. Thank you.