

Private and Confidential

**Parental Consent Form for Meningitis ACWY and Diptheria, Tetanus and Polio Vaccinations**

Child's full name:		Date of birth:	
Home address & post code:		Daytime contact telephone number for parent/guardian:	
School:	Ethnicity:	Year Group/ Class:	
GP Surgery:		Male	Female

Please complete the consent form below and return it to school **as soon as possible**. If you do not wish your child to receive any immunisation(s) please complete the relevant "Non-Consent" sections.

<p><b><u>CONSENT</u></b></p> <p><b><u>Meningitis ACWY</u></b></p> <p>I GIVE CONSENT for my child to receive the Meningitis ACWY vaccination.</p> <p>Parent/Guardian's Signature.....</p> <p>Date.....</p>	<p><b><u>CONSENT</u></b></p> <p><b><u>Diptheria, Tetanus and Polio</u></b></p> <p>I GIVE CONSENT for my child to receive the Diptheria, Tetanus and Polio vaccination.</p> <p>Parent/Guardian's Signature.....</p> <p>Date.....</p>
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<p><b><u>NON-CONSENT</u></b></p> <p><b><u>Meningitis ACWY</u></b></p> <p>I DO NOT CONSENT for my child to receive the Meningitis ACWY Vaccination.</p> <p>Sign.....</p> <p>Date.....</p>	<p><b><u>NON-CONSENT</u></b></p> <p><b><u>Diptheria, Tetanus and Polio</u></b></p> <p>I DO NOT CONSENT for my child to receive the Diptheria, Tetanus and Polio Vaccination.</p> <p>Sign.....</p> <p>Date.....</p>
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Does your child have any medical conditions, including severe chronic illness? If **yes**, please give details:

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Is your child on any medication? If **yes** please give details:

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Does your child have any confirmed allergies **Yes/ No**, if **yes** please give details:

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**FOR OFFICE USE ONLY**

<b>Verbal Consent only</b>		
Consent obtained for	Men ACWY <input type="checkbox"/>	DTP <input type="checkbox"/>
Checklist completed <input type="checkbox"/>	Any details	
1 <sup>st</sup> Consent taken by:	Date:	
2 <sup>nd</sup> Consent taken by:	Date:	

Date	Site of Injection		Men ACWY Batch No & Expiry Date	Immuniser (please print)	Location	Information Slip Declined
	Left arm	Right arm				

Date	Site of Injection		DTP Batch No & Expiry Date	Immuniser (please print)	Location	Information Slip Declined
	Left arm	Right arm				

**Additional Information:**

Date/ Time	Initial

All the child health records are stored on the child health computer and the statistics may be used in the future for research purposes, we share information with other services involved in your child's healthcare like your GP and School Nurse.