

Private and Confidential

Parental Consent Form for Meningitis ACWY and Diphtheria, Tetanus and Polio

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

Vaccinations

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><u>CONSENT</u></p> <p><u>Meningitis ACWY</u></p> <p>I GIVE CONSENT for my child to receive the Meningitis ACWY vaccination.</p> <p>Signature of parent/guardian (with parental responsibility)</p> <p>.....</p> <p>Date.....</p>	<p><u>CONSENT</u></p> <p><u>Diphtheria, Tetanus and Polio</u></p> <p>I GIVE CONSENT for my child to receive the Diphtheria, Tetanus and Polio vaccination.</p> <p>Signature of parent/guardian (with parental responsibility)</p> <p>.....</p> <p>Date.....</p>
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<p><u>NON-CONSENT</u></p> <p><u>Meningitis ACWY</u></p> <p>I DO NOT CONSENT for my child to receive the Meningitis ACWY Vaccination.</p> <p>Signature of parent/guardian (with parental responsibility)</p> <p>Sign.....</p> <p>Date.....</p>	<p><u>NON-CONSENT</u></p> <p><u>Diphtheria, Tetanus and Polio</u></p> <p>I DO NOT CONSENT for my child to receive the Diphtheria, Tetanus and Polio Vaccination.</p> <p>Signature of parent/guardian (with parental responsibility)</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:

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

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

FOR OFFICE USE ONLY

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