

Vaccination Consent Form

For Tetanus, Diphtheria / Inactivated Polio Vaccine (Td/IPV) and Meningococcal group A C W Y Vaccine

Child's Full Name:	Date of Birth:			
Home Address:		Contact landline/mobile number:		
		Email:		
Postcode:				
School:		Year Group:		
GP Surgery:		I		
We would like to use your contact details				
1. contact you in relation to your ch		YES/NO		
2. contact you for friends and family	y test Y	/ES/NO		
Please COI	MPLETE fully and SIGN the	consent box below		
I give consent for my child to receive	the following Immunisation	s:		
Tetanus, Diphtheria and Polio (Td/IPV) vaccination	• • • •			
	Relationship to child:			
I <u>DO NOT</u> give consent for my child t	o receive the following Imm	unisations:		
Tetanus, Diphtheria and Polio (Td/IPV) vaccination				
	Relationship to child:			
I give consent for my child to receive	e the following Immunisatio	ns:		
Meningococcal Group ACWY (Men ACWY) vaccination.	Parent/Guardian Signature			
	Relationship to child:			
I <u>DO NOT</u> give consent for my child t	o receive the following Imm	unisations:		
Meningococcal Group ACWY (Men ACWY) vaccination.	Parent/Guardian Signature			
	Relationship to child:			

Please COMPLETE the important Health Questions overleaf





	YES (please give details)	NO
Is your child taking any regular medication?		
Does your child have any severe allergies?		
Does your child have any medical problems?		
Has your child ever had a reaction to a previous vaccination?		
Has your child received the Tetanus , Diphtheria & Polio		
Immunisation at your GP surgery or in A&E/Hospital in		
the last 5 years?		
Has your child received the MenACWY immunisation at		
your GP surgery in the last 4 years? (NOTE: this does		
not include the Meningitis C only vaccine).		
Has your child received 2 MMR vaccinations?	MMR 1 Date –	
	MMR 2 Date –	

Thank you for completing this form, please return to school immediately

TO BE COMPLETED BY IMMUNISATION NURSE ONLY					
PUPIL CONSENT: The immunisation checklist has been discussed with me and I consent to this immunisation.					
Signature of Pupil:	Date:				

For office use only

Vaccine	Date & Time	Site	of IM	Batch No / Expiry	Signature	Print Name
		injection				
Td/IPV		L ARM	R ARM			
Men ACWY		L ARM	R ARM			

All personal data receive about your son/daughter will be held securely, and only accessed by appropriate persons involved in your child's care. It will be processed in a manner that ensures appropriate security of personal data. The Trust has a detailed privacy notice which is available here:

https://www.glos-care.nhs.uk/fair-processing-notice

The Trust is compliant with the NHS national information governance toolkit. Our most recent assessment is available here

 $\frac{https://www.igt.hscic.gov.uk/ReportsOrganisationChooser.aspx?tk=431594603293679\&Inv=3\&cb=18ac67d8-886a-4be8-ab45-ca1ba18f5cc3\&reptypeid=1$

Your child's data will be processed solely to ensure that your child is offered their vaccination in line with the National Childhood Immunisation Programme. The data, and response received will form part of the child's health record. All data, therefore, will be retained, in accordance with the NHS records management code of practice, for children's records. This can be viewed here:

https://digital.nhs.uk/article/1202/Records-Management-Code-of-Practice-for-Health-and-Social-Care-2016

We have a statutory duty to report statistical vaccinations data, as a percentage of the population; your response will form part of that statistical data. We provide this information to Public Health England, there is no personal data involved in this return.

