**This form is for parents/guardians to give permission for their child to be vaccinated.**

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| Name of parent/guardian: |
| Child’s name and NHS number (if known): |
| Address of parent/guardian: |
| Postcode: | Phone number of parent/guardian: |
| Date of birth of child: | Date of vaccination: |
| Please inform the person giving the vaccination, if your child:* has had a severe reaction to any medicines, including vaccines,
* is allergic to anything, or
* has a condition for which he or she has, or is, receiving medical treatment.

Vaccines may contain minute traces of animal products and other components. If you have concerns about any of the contents in the vaccine you can check at: (Doctor/nurse to insert link to the appropriate vaccine at: http://www.medicines.org.uk/emc/) If you are signing this at home and/or are unable to speak to the person giving the vaccination, this web link gives full details about what the vaccine is for and how it will be given. It also describes any expected side effects that may occur afterwards. By signing this form you will be giving consent for your child to have the vaccination described. |
| Having read the above information and/or listened to the doctor/nurse, I agree to my child being vaccinated with:(Doctor/nurse to enter brand name of vaccine) |
| Signed: | Name: | Date: |

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| Office use only  |
| Vaccine given | Vaccination site |
| Batch number | Expiry date |
| Name and address of administrator |
|  | Postcode |
| Signed | Date |