



Human papillomavirus (HPV) Vaccination consent form



The HPV vaccine that protects against several types of cancer is being offered to your child at school. To get the best protection, 2 doses are required. The second injection will be usually offered 6 to 12 months after the first. The school will let you know when the second dose will be given. The leaflet 'Your guide to the HPV vaccination' sent with this form includes more information about the vaccines currently in use. Please discuss this with your son or daughter, then complete this form and return it to the school before the vaccination is due. Information about the vaccinations will be put on your child's health records. If you have any questions, please contact the school immunisation nurse.

Child's full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (if known):	Ethnicity:
School:	Year group/class:
GP name and address:	Gender (circle as appropriate): Male Female

Your child will receive their first HPV vaccine in Year 8 _____ term and the second HPV vaccine in Year ____ _____ term.

Consent for two HPV vaccinations (Please complete **one** box only)

I want my child to receive the full course of two HPV vaccinations	I do not want my child to have the HPV vaccine
Name	Name
Signature Parent/Guardian	Signature Parent/Guardian
Date	Date

If, after discussion, you and your child decide that you do not want them to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form (and return to the school).

Any side effects following the HPV vaccination should be reported to the school nurse or your GP

Thank you for completing this form. Please return it to the school as soon as possible.

OFFICE USE ONLY

Date of HPV vaccination	Site of injection (please circle)	Batch number/ expiry date	Immuniser (please print)	Where administered (school, college, GP etc)
First	L arm R arm			
Second	L arm R arm			