

School Immunisation Team Consent Form

Tetanus, Diphtheria & Polio Vaccination and Meningitis ACWY Vaccination

Child's Surname (and any previous Surname):	Child's Forename(s):	Date of Birth:
		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>
Address & Postcode: (please write previous address overleaf if less than 3 years) :		Phone number of parent/guardian:
		Email of parent/guardian:
GP Surgery: Name & Address:		NHS Number:
School Name:		Class/Form:

Important medical information – if unsure, please check with your GP

Allergies:	Has your child ever had a severe allergic reaction to any previous vaccines or medication?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Medical Information:	Does your child have any long-standing medical conditions?	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Meningitis ACWY:	Has your child received a dose of Meningitis ACWY vaccine since the age of ten years? (If yes, a further dose may NOT be necessary)	Yes* <input type="checkbox"/> No <input type="checkbox"/>
Tetanus, Diphtheria & Polio:	Did your child receive the three doses of Tetanus, Diphtheria and Polio as a baby and a pre-school booster?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Has your child received a dose of Tetanus, Diphtheria and Polio vaccine in the last five years? (If yes, a further dose may NOT be necessary)	Yes* <input type="checkbox"/> No <input type="checkbox"/>

* If you answered yes to any of the above, please give details, including dates :

Consent for my child to receive the Meningitis ACWY vaccination

YES, I CONSENT TO THE MENINGOCOCCAL VACCINATION

Signature of parent/guardian (with parental responsibility):

Relationship to child:

Date:

Consent for my child to receive the Tetanus Diphtheria & Polio vaccination

YES, I CONSENT TO THE TETANUS, DIPHTHERIA & POLIO VACCINATION

Signature of parent/guardian (with parental responsibility):

Relationship to child:

Date:

OFFICE USE ONLY

	Date:	Time:	Site of IM injection		Batch number & Expiry date:	Immuniser:	Location:
Meningococcal ACWY Conjugate as per PGD			L	R			
Td/IPV as per PGD			L	R			
Nurses' Checklist:	Nurses' Comments:						
Allergies							
Medication							
Recent vaccines							
Febrile Illness							
Pregnancy							