

Tetanus, Diphtheria/Inactivated Polio Vaccine (Td/IPV) and Meningococcal ACWY (Men ACWY) Immunisation Consent Form

Child's Name

Surname:	First Name:
Date of Birth:	GP Practice:
Gender:	NHS Number (if known):
School Name:	Year Group:
Home Address:	Contact Phone Number: Home: Mobile:

Immunisation History

The following information is required prior to vaccination. Lack of information may result in vaccination not being given. If your child has already received these teenage boosters please confirm the date (dd/mm/yyyy): ____ / ____ / _____. If you are unsure, please check with your GP.

Has your child had any serious illness, allergy or condition?	Yes	No	If yes, please specify:
Is your child taking any medication?	Yes	No	If yes, please specify:
Has your child had a serious allergic reaction to previous vaccination or medication?	Yes	No	If yes, please explain how they reacted and to which medication?
Has your child had any vaccinations in the last month?	Yes	No	If yes, which vaccine and the date?

Consent Form

Please ensure that this Consent Form is signed by the parent, carer or the adult with parental responsibility (PR).

Tetanus, Diphtheria and Polio (Td/IPV) Consent (Please complete either 'Yes' or 'No')	Meningococcal ACWY (Men ACWY) Consent (Please complete either 'Yes' or 'No')
<p>I want my child to receive the Td/IPV Immunisation:</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">YES</p> <p>Name (<i>print</i>):</p> <p>(Parent/Guardian)</p> <p>Signature:</p> <p>Date:</p>	<p>I want my child to receive the Men ACWY immunisation:</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">YES</p> <p>Name (<i>print</i>):</p> <p>(Parent/Guardian)</p> <p>Signature:</p> <p>Date:</p>
<p>I DO NOT want my child to receive the Td/IPV Immunisation:</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">NO</p> <p>Name (<i>print</i>):</p> <p>(Parent/Guardian)</p> <p>Signature:</p> <p>Date:</p>	<p>I DO NOT want my child to receive the Men ACWY Immunisation:</p> <p style="text-align: center; font-size: 2em; opacity: 0.5;">NO</p> <p>Name (<i>print</i>):</p> <p>(Parent/Guardian)</p> <p>Signature:</p> <p>Date:</p>

