



Human papillomavirus (HPV) Vaccination consent form



The HPV vaccine, which protects against cervical cancer, is being offered to your daughter at her school. The leaflet that accompanies this form tells you and your daughter about the HPV vaccine. To get the best protection, it is important that she receives both injections to complete the course. Please discuss this with your daughter, then complete this form and return it to the school before the vaccination is due to be given. Your GP's surgery will be sent details of vaccinations given so that this information can be put on your daughter's health record. If you have more questions, please contact the school nurse or other health professional or go to www.immunisation.nhs.uk/hpv for further information. **Please complete in black ink.**

Girl's full name (first name and surname):		Date of Birth:	
Home address including post code:		Daytime contact telephone number for parent/carer:	
		Email address:	
NHS number (Ask GP if unsure):		Ethnicity (Coding overleaf):	
School:		Year group/class:	
GP name and address:	Severe allergies:	Medical conditions:	Regular medication:
	Extra space overleaf	Extra space overleaf	Extra space overleaf

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

<p>I want my daughter to receive the full course of two HPV vaccinations.</p> <p>Name</p> <p>Signature <small>Parent/Guardian/Student</small></p> <p>Date</p>	<p>I do not want my daughter to have the HPV vaccine.</p> <p>Name</p> <p>Signature <small>Parent/Guardian/Student</small></p> <p>Date</p>
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If, after discussion, you and your daughter decide that you do not want her 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

***FOR 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)
	L arm	R arm			
First					
Second					
Third (if child aged >15 at first dose)					

Entered on RiO

date

initials

