

PLEASE USE A BLACK BALLPOINT PEN

# Vaccination Consent Form

For Tetanus, Diphtheria / Inactivated Polio Vaccine (Td/IPV)  
Measles, Mumps & Rubella (MMR)  
Meningococcal groups ACWY

Child's Surname	First Name	Date of Birth	Male / Female
Home Address		Contact telephone numbers	
Postcode		Email Address	
GP Name and Address		NHS Number (ask GP if unsure)	
		Ethnicity (coding overleaf)	
School		Tutor Group	
Severe Allergies	Medical Conditions	Regular Medication	

## Immunisation History – UK Schedule

**This information is important; if you are unsure please check with your Doctor/GP surgery/Red Book**

### Tetanus, Diphtheria and Inactivated Polio Vaccine (Td/IPV)

In order to be fully protected your child should have received 4 Td/IPV immunisations before starting school.

- Did your child receive Td/IPV immunisation as a baby? Yes  No
- Did your child receive Td/IPV immunisation before starting primary school? Yes  No

**The 5th and final Td/IPV is now due.** OR If your child has already received the 5th dose please give date .....

### Meningococcal groups ACWY

In order to be fully protected your child is **now due** the Meningococcal ACWY Vaccine

### Measles, Mumps & Rubella (MMR)

Only 2 MMR immunisations are required for your child to be fully protected. These are normally given before your child starts school.

- Did your child receive their first MMR immunisation around their first birthday? Yes  No
- Did your child receive a second MMR immunisation before starting primary school? Yes  No

If you have ticked either of the 'No' boxes, please give consent below.

## Immunisation Consent

I give my consent for my child to receive the following immunisations (please tick)	Name (print)
Tetanus, Diphtheria and Polio (Td/IPV)      Yes <input type="checkbox"/> No <input type="checkbox"/>	Parent/Guardian
Meningococcal groups ACWY      Yes <input type="checkbox"/> No <input type="checkbox"/>	Signature & Date
Measles, Mumps and Rubella (MMR)      Yes <input type="checkbox"/> No <input type="checkbox"/>	
Reason consent refused, add comments overleaf	

**Please complete and return the consent form ASAP, whether or not your child needs this immunisation.  
If the form is not returned, your child will be asked on the day if they would like to self consent.**

FOR OFFICE USE ONLY

Vaccine	Date	Site of IM injection	Vaccine Name	Batch No/Expiry Date	Immuniser	Signature
Td/IPV		L arm    R arm				
MenACWY		L arm    R arm				
MMR 1		L arm    R arm				
MMR 2		L arm    R arm				

Entered on RiO      date .....      initials .....

