



Human Papillomavirus (HPV) Immunisation

VACCINATION CONSENT FORM



Please complete this form and return to school as soon as possible, even if you do **not** wish for your child to have the vaccine.

Information about the vaccine will be shared with Child Health and your child's GP surgery.

Child's full name: (first name and surname)		Date of Birth:
Home address: Postcode:		Gender: Male / Female Emergency contact number for parent/guardian:
Email:		Religion:
NHS number (if known):		Ethnicity of child:
GP name and address:		GP telephone number:
School:		Year Group/Class:

Further information on the vaccine can be found at:

<http://www.nhs.uk/Conditions/vaccinations/Pages/hpv-human-papillomavirus-vaccine.aspx>

PARENT / GUARDIAN: Please read the leaflet supplied then sign ONE box only.

***THE PERSON WITH PARENTAL RESPONSIBILITY MUST SIGN THIS FORM – for more information, please go to:**
<https://www.gov.uk/parental-rights-responsibilities/who-has-parental-responsibility>

Please note: young people under the age of 16 can give or refuse consent if considered competent to do so by nursing staff.

I have read the leaflet supplied.	I have read the leaflet supplied.
YES, I WANT my child to receive the full course of two HPV vaccinations:	NO, I DO NOT WANT my child to receive the full course of two HPV vaccinations:
Parent / Guardian name:	Parent / Guardian name:
Signature:	Signature:
Relationship to child:	Relationship to child:
Date:	Date:
	Reason for refusal:

Parent / Guardian to complete this section:

Parent / Guardian PLEASE ANSWER THE QUESTIONS BELOW:	PARENT / GUARDIAN <i>(please circle, if YES please give details *)</i>	NURSE USE ONLY 1 st HPV	NURSE USE ONLY 2 nd HPV
Has your child got any allergies?	Yes / No	Y / N	Y / N
Does your child have a bleeding disorder?	Yes / No	Y / N	Y / N
Has your child had 2 doses of the MMR vaccine?	Yes / No		

*If you answered **yes** to any questions please give details here:

FOR OFFICE USE ONLY

For completion by immunisation nurses

First HPV Vaccination		
Batch:		Expiry:
Date/time given		
Site administered	LA	RA
Route:	IM	SC
Given by: (Name / Signature)		

Second HPV Vaccination		
Batch		Expiry:
Date/time given		
Site administered	LA	RA
Route:	IM	SC
Given by: (Name / Signature)		

HAS THIS VACCINE BEEN GIVEN WITH VERBAL CONSENT

Yes / No

Name of Parent / Guardian giving consent: _____

Has consent been given by the young person using Gillick competence?

No / Yes – *form attached*

Nurse Comments: