

This form is for parents/guardians to give permission for their child to be vaccinated when the child attends with another adult e.g. grandparent

Name of parent/guardian:

Child's name and NHS number (if known):

Address of parent/guardian:

Postcode:

Phone number of parent/guardian:

Date of birth of child:

Date of vaccination:

Please inform the person giving the vaccination, if your child:

- has had a severe reaction to any medicines, including vaccines,
- is allergic to anything, or
- has a condition for which he or she has, or is, receiving medical treatment.

Vaccines may contain minute traces of animal products and other components.

Your child will be vaccinated in line with the NHS vaccination schedule. Please refer to the link below for information on the vaccines will be administering.

<https://www.nhs.uk/conditions/vaccinations/nhs-vaccinations-and-when-to-have-them/>

This web link gives full details about what the vaccine is for and how it will be given. It also describes any expected side effects that may occur afterwards.

By signing this form you will be giving consent for your child to have the vaccinations outlined in the schedule.

Having read the above information and/or listened to the doctor/nurse, I agree to my child being vaccinated.

Signed:

Name:

Date:

Office use only

Consent form checked (Please sign):

Emis Number:

Date of Vaccination:

Please send this form to be electronically scanned into the child's record.