**THIS FORM IS TO BE COMPLETED & SIGNED BY THE CHILD’S PARENT OR GUARDIAN**

**The young person can also complete the form themselves and self-consent by signing box B below, providing they understand why these vaccinations are being given.**

Child’s Full Name (First Name & Surname):

Date of Birth:

Male/Female:

Home Address:

Postcode:

Daytime contact phone number:

Email Address:

NHS Number:

Religion:

Ethnicity, please turn over page:

Year Group/Class:

School:

GP Details (Practice & Address):

YES

NO

Is your child taking any medicines or receiving any medical treatment?

Please give details:

YES

NO

Does your child have a serious illness/allergy?

Please give details: 

**Box B - CONSENT FOR VACCINATION – SELF CONSENT**

**Box A - CONSENT FOR VACCINATION - PARENT/GUARDIAN**

I have read the information & discussed it with a nurse & understand why I need these vaccinations. I **WANT** to receive Tetanus, Diphtheria & Polio / Meningitis ACWY

Please delete a vaccination if you do not want it given

I have read the information provided. I **WANT** my child to receive Tetanus, Diphtheria & Polio /Meningitis ACWY

Please delete a vaccination if you do not want it given

Signature:

Signature:

Print Name

Print Name:

Date:

Date:

**Box C – REFUSAL**

Signature:

Print Name:

I **DO NOT WANT** my child to receive Tetanus, Diphtheria & polio/Meningitis ACWY

Date:

**Measles, Mumps & Rubella (MMR) CATCHUP**

London is experiencing an increase in cases of Mumps and Measles, particularly teenagers and young adults. Measles is highly infectious and can lead to serious complications. All children should have **TWO** MMRvaccinations, normally given at 12 months and at 3 years 4 months of age. If your child is not up to date please sign below for them to receive one dose of MMR in school.

Signature:

I have read the information provided. **I WANT** my child to

Receive the **MMR** vaccination

Print Name:

Date:

**ETHNICITY CODES**

Any other Ethnic Background

Arab

Chinese

Any Other Black Background

AFRICAN

Caribbean

Any other Asian Background

British

Irish

WHITE

A

Any other White Background

Gypsy or Irish Traveller

CL

C

MIXED

White & Black Caribbean

D

White & Black African

E

White & Asian

F

Other Mixed

G

ASIAN OR BRITISH ASIAN

Indian

Pakistani

H

J

Bangladeshi

K

Any other Asian Background

L

BLACK OR BRITISH BLACK

Caribbean

M

Any other Black Background

African

N

P

OTHER ETHNIC GROUP

Chinese

R

Arab

SIL

Any other Ethnic Background

S

Z

Not Stated/Not Disclosed

**THANK YOU FOR COMPLETING THIS FORM.**

**PLEASE RETURN TO YOUR SCHOOL AS SOON AS POSSIBLE**

**\*FOR OFFICE USE ONLY**

**Where Administered**

**Immuniser**

**(Print)**

**Batch Number & Expiry Date**

**Date Given**

**Site of injection (please circle)**

**R**

arm

**L**

arm

Tetanus, Diphtheria & polio

**R**

arm

**L**

arm

Meningitis ACWY

**R**

arm

**L**

arm

MMR