

**School Immunisation Team Consent Form
Meningitis ACWY and Tetanus, Diphtheria & Polio Vaccination**

1	Child's Surname <i>(and any previous Surname)</i>	Child's Forename(s)	Date of Birth
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2	Address & Postcode <i>(please write previous address overleaf if less than 3 years)</i>	Mobile phone number of parent/guardian
		Email of parent/guardian
		Ethnicity
	GP Surgery:	NHS Number
	School Name	Year Group

3	Would you like your child to receive the following vaccinations (please tick in the boxes below)?			
<input type="checkbox"/>	YES, I CONSENT to Meningitis ACWY vaccination (please complete sections 4 & 5 and return form to school)	<input type="checkbox"/>	NO, I DO NOT CONSENT to Meningitis ACWY vaccination (please return form to school)	
<input type="checkbox"/>	YES, I CONSENT to Tetanus, Diphtheria & Polio vaccination (please complete sections 4 & 5 and return form to school)	<input type="checkbox"/>	NO, I DO NOT CONSENT to Tetanus, Diphtheria & Polio vaccination (please return form to school)	

4	Important medical information – if unsure, please check with your GP			
Allergies:	Has your child ever had a severe allergic reaction to any previous vaccines or medication?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Medical Information:	Does your child have any long-standing medical conditions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Meningitis ACWY:	Has your child received a dose of Meningitis ACWY vaccine since the age of ten years? (If yes, a further dose may NOT be necessary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
Tetanus, Diphtheria & Polio:	Has your child received a dose of Tetanus, Diphtheria and Polio vaccine in the last five years? (If yes, a further dose may NOT be necessary)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	Did your child receive the three doses of Tetanus, Diphtheria and Polio as a baby and a pre-school booster?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
If you answered yes to any of the above, please give details, including dates :				

5	Signature of parent/guardian (with parental responsibility)	Date
	Relationship to child	

OFFICE USE ONLY

Has the parent consented (in 3) and signed (in 5)?						Yes <input type="checkbox"/>
	Date:	Time:	Site of IM injection		Batch number & Expiry date:	Immuniser:
Meningococcal ACWY Conjugate as per PGD			L	R		
Td/IPV as per PGD			L	R		
Nurses' Checklist:		Nurses' Comments:				
Allergies						
Medication						
Recent vaccines						
Febrile Illness						
Pregnancy						