**COVID 19**

**Vaccination consent form for children and young people**

The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19. Please discuss the vaccination with your child, then complete this form before it is due. Information about the vaccinations will be put on your child’s health records. This programme is being led by the School Aged Immunisation Service but please note your child may be vaccinated by a member of staff from GP Practices, Qualified staff from the Vaccination Hub, including those from the Ambulance and Fire Service and Community Pharmacists.

|  |  |
| --- | --- |
| Child’s full name (first name and surname): | Date of birth: |
| Home address: | Daytime contact telephone number for parent/carer: |
| NHS number (if known): | Ethnicity: |
| School (if relevant): | Year group/class: |
| GP name and address: | |

**Consent for COVID-19 vaccination** (Please complete **one** box only)

|  |  |  |
| --- | --- | --- |
| I **want** my child to receive the COVID-19 vaccination |  | I **do not want** my child to have the COVID-19 vaccine |
| Name: | Name: |
| Signature:  Parent/Guardian | Signature:  Parent/Guardian |
| Date: | Date: |

If after discussion, you and your child decide that you do not want them to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form.

**Ask for the What to expect after your COVID-19 vaccination leaflet at** [gov.uk/government/publications/](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people)[covid-19-vaccination-resources-for-children-and-young-people](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people)**. It will tell you about the side effects and how to report them to the Yellowcard scheme at** [yellowcard.mhra.gov.u](http://yellowcard.mhra.gov.uk/)**k.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| OFFICE USE ONLY | | | | | | |
| Date of COVID-19 vaccination | | Site of injection  (please circle) | | Batch number/ expiry date | Immuniser  (please print) | Where administered  ( hub, PCN, GP etc) |
| First |  | L arm | R arm |  |  |  |

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**Checklist for children aged 12 to 15 year being vaccinated in schools: Pfizer BioNTech Covid-19 Vaccine**

**Please complete the following checklist for your child. If you tick yes to any of the answers below, your school immunisation team will contact you for further information. Please let the school immunisation team know if anything changes prior to the date of your child’s Covid immunisation session.**

|  |  |  |
| --- | --- | --- |
| **Has your child** | **If yes, please tick** | If you ticked the box, please provide further details |
| **Ever had a Covid vaccine before?**  (For example as part of a trial, or because they are in an at risk group) |  | What date(s)  Did they have any reaction or adverse events? |
| **Had an illness with a temperature (fever) in the last week?** |  |  |
| **Had any other vaccines in the last 7 days?** |  |  |
| **Got any long-term medical conditions that require on-going hospital treatment or are they waiting to see a specialist?** |  |  |
| **Had a positive Covid test in the last 4 weeks?** |  | If yes, what date(s) |
| **Ever had to go to hospital following a severe allergic reaction?** |  |  |

Name and signature of person completing this form:

Name of child:

Date form completed: