

Give or refuse consent for an HPV vaccination

Date: Tuesday 6 June 2023

Location: Hele's Secondary School

Use BLOCK CAPITALS and a 'tick' or 'x' for boxes

Child's details

<p>1 Child's official name The name on their passport. If their name has changed, tell us their current name</p> <input type="text"/>	<p>4 Child's date of birth DD MM YYYY</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>								
<p>2 Child also known as Tell us if they use a different name in school</p> <input type="text"/>	<p>5 Child's home address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Postcode								
<p>3 Child's GP surgery</p> <input type="text"/>									

Your details

<p>6 Your name</p> <input type="text"/>	<p>9 Telephone number</p> <table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> <p>A nurse might call you about your child's vaccination Do you have any communication needs?</p> <p><input type="checkbox"/> I cannot receive voice calls</p> <p><input type="checkbox"/> I cannot receive text messages</p>																
<p>7 Relationship to the child</p> <input type="text"/>																	
<p>8 Email address</p> <input type="text"/> <input type="text"/>																	

Consent

<p>10 Do you agree to your child having both doses of the HPV vaccination?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>11 If you do not agree, please tell us why</p> <input type="text"/>
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Health questions

12 Does your child have any severe allergies that have led to an anaphylactic reaction?

☐

Yes

☐

No

Give details if you answered yes

13 Does your child have any existing medical conditions?

☐

Yes

☐

No

Give details if you answered yes

14 Does your child take any regular medication?

☐

Yes

☐

No

Give details if you answered yes

15 Is there anything else you think we should know?

☐

Yes

☐

No

Give details if you answered yes

Your signature

16 Signed

Date DD MM YYYY