



Give or refuse consent for the MMR vaccination

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

Session

Date _____ **Location** _____

Child's details

1 Child's official name	<p>Give the name on your child's birth certificate. If it's changed, give the name held by your child's GP.</p> <div data-bbox="158 743 764 786" style="border: 1px solid black; height: 80px; width: 420px;"></div>
4 Child's date of birth	<p>DD MM YYYY</p> <div data-bbox="880 709 1271 759" style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 80px;"></div> <div style="border: 1px solid black; width: 20px; height: 80px;"></div> <div style="border: 1px solid black; width: 20px; height: 80px;"></div> <div style="border: 1px solid black; width: 20px; height: 80px;"></div> <div style="border: 1px solid black; width: 20px; height: 80px;"></div> <div style="border: 1px solid black; width: 20px; height: 80px;"></div> <div style="border: 1px solid black; width: 20px; height: 80px;"></div> </div>
2 Child also known as	<p>Tell us if they use a different name in school</p> <div data-bbox="158 891 764 934" style="border: 1px solid black; height: 80px; width: 420px;"></div>
5 Child's home address	<div data-bbox="880 846 1487 956" style="border: 1px solid black; height: 120px; width: 320px;"></div>
3 Child's GP surgery	<div data-bbox="158 999 764 1044" style="border: 1px solid black; height: 80px; width: 420px;"></div>
	<p>Postcode</p> <div data-bbox="880 1044 1487 1087" style="border: 1px solid black; height: 80px; width: 320px;"></div>

Your details

6	Your name	<input type="text"/>
7	Relationship to the child	<p>If you're not the child's parent or guardian, you must have parental responsibility to give consent for the vaccination.</p> <input type="text"/>
8	Email address	<input type="text"/>
9	Telephone number	<input type="text"/>
<p>A nurse might call you about your child's vaccination</p>		

Consent

10	Do you agree to your child having the MMR vaccination?	11 If you do not agree, please tell us why
	<input type="checkbox"/> Yes, I agree <input type="checkbox"/> No, I do not agree	

Consent, continued

12 Do you want your child to have a vaccine without gelatine?

One type of MMR vaccine contains gelatine from pigs. An alternative MMR vaccine is available that does not contain gelatine.

- I want my child to have the vaccine that does not contain gelatine
 My child can have either type of vaccine

Health questions

13 Does your child have a bleeding disorder?

- Yes No

If you answered yes, give details

14 Does your child take blood-thinning medicine (anticoagulants)?

For example, warfarin, or other medicine used to prevent blood clots

- Yes No

If you answered yes, give details

15 Has your child had a severe allergic reaction (anaphylaxis) to a previous dose of MMR or any other measles, mumps or rubella vaccine?

- Yes No

If you answered yes, give details

16 Has your child ever had a severe allergic reaction (anaphylaxis) to gelatine?

Gelatine is an ingredient in some foods and vaccines

- Yes No

If you answered yes, give details

Health questions, continued

17 Has your child ever had a severe allergic reaction (anaphylaxis) to neomycin?

Neomycin is an antibiotic sometimes found in creams or ointments

Yes No

If you answered yes, give details

18 Does your child have a disease or treatment that severely affects their immune system?

The MMR vaccine is a live vaccine. It is not suitable for people who have serious problems with their immune systems.

Yes No

If you answered yes, give details

19 Has your child had any of the following in the last 4 weeks, or are they due to have them in the next 4 weeks: TB skin test, chickenpox vaccine, or yellow fever vaccine?

Yes No

If you answered yes, give details

20 Does your child have any other medical conditions we should know about?

Yes No

If you answered yes, give details

21 Does your child need extra support during vaccination sessions?

For example, they're autistic, or extremely anxious

Yes No

If you answered yes, give details

Your signature

22 Signed

Date