



Give or refuse consent for the MMR vaccination

Use BLOCK CAPITALS and a ‘tick’ or ‘x’ for boxes

Session

Date	Location
<input type="text"/>	<input type="text"/>

Child’s details

<div><div>1</div><div>Child’s official name</div><div>Give the name on your child’s birth certificate. If it’s changed, give the name held by your child’s GP.</div><div><input type="text"/></div></div>	<div><div>4</div><div>Child’s date of birth</div><div>DD MM YYYY</div><div><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></div></div>
<div><div>2</div><div>Child also known as</div><div>Tell us if they use a different name in school</div><div><input type="text"/></div></div>	<div><div>5</div><div>Child’s home address</div><div><input type="text"/> <input type="text"/> <input type="text"/> <div>Postcode<input type="text"/></div></div></div>
<div><div>3</div><div>Child’s GP surgery</div><div><input type="text"/></div></div>	

Your details

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

Consent

<div><div>10</div><div>Do you agree to your child having the MMR vaccination?</div><div><div><input type="checkbox"/></div>Yes, I agree</div><div><div><input type="checkbox"/></div>No, I do not agree</div></div>

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