



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

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

Your details

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

10 Do you agree to your child having the MMR vaccination? <input type="checkbox"/> Yes, I agree <input type="checkbox"/> No, I do not agree	11 If you do not agree, please tell us why <input type="text"/>
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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 Is your child in regular close contact with anyone currently having treatment that severely affects their immune system?

☐

Yes

☐

No

If you answered yes, let us know if they can avoid contact with this person for 2 weeks

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