



Give or refuse consent for the MenACWY 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"/> <input type="text"/>	4 Child's date of birth DD MM YYYY <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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"/> 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 <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"/> A nurse might call you about your child's vaccination

Consent

10 Do you agree to your child having the MenACWY 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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Health questions

12 Does your child have a bleeding disorder or another medical condition they receive treatment for?

☐ Yes ☐ No

If you answered yes, give details

13 Does your child have any severe allergies?

☐ Yes ☐ No

If you answered yes, give details

14 Has your child ever had a severe reaction to any medicines, including vaccines?

☐ Yes ☐ No

If you answered yes, give details

15 Has your child had a meningitis (MenACWY) vaccination in the last 5 years?

It's usually given once in Year 9 or 10. Some children may have had it before travelling abroad.

☐ Yes ☐ No

If you answered yes, give details

16 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

17 Signed

Date _____

[illegible]