

Initials and Date

Form reviewed  
by School Nurse

Name checked  
against class list




**Stockport**  
NHS Foundation Trust

## Consent form for COVID19 Vaccination

**The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. The leaflet sent with this form includes more information about the vaccines currently in use. Please discuss the vaccination with your child, and then complete this form. Information about the vaccinations will be put on your child's health records. The form should be completed by the person with parental responsibility.**

Child's full name: ( first name and surname)	Date of Birth:
Male/Female	
NHS Number	Ethnicity
Home Address: <span style="float: right;">Postcode:</span>	Daytime Telephone number of parent/carer
	Email address of parent/carer
School:	Form group:
Name, address and telephone no. of GP	

### TO BE COMPLETED BY PARENT/ GUARDIAN

	YES (please give further details)	NO
<i>Does the young person have any medical conditions? Is the young person currently using medicines/ inhalers?</i>		
<i>Has the young person ever had problems with previous injections? Has the young person any severe allergies to antibiotics, or other causes (e.g. Latex)?</i>		
<i>Has the young person had any other vaccine in the last 7 days?</i>		
<i>Has the young person had a Positive PCR test for COVID19 in the last 28 days?. If so, please provide the date of their positive test.</i>		

### PARENT/GUARDIAN CONSENT

<p>• I confirm that all those with parental responsibility consent to the proposed immunisation.</p>
<p>I want the child named above to receive the COVID19 vaccine</p> <p style="text-align: center;">             AGREE <input style="width: 40px; height: 20px;" type="checkbox"/>             DISAGREE <input style="width: 40px; height: 20px;" type="checkbox"/> </p>
<p>Name (of parent/ carer)</p>
<p>Relationship to Young Person</p>
<p>Signature</p>
<p>Date</p>

If, after discussion, you and your child decide that you do not want him/her to have the vaccine; you still need to complete the form and give the reasons for this in the comment box overleaf, and return the form to their School. Thank you.

**COMMENT BOX**

<b>FOR OFFICE USE ONLY</b>					
Has the young person answered the standard questions prior to immunisation					Yes / No
<b>Vaccination</b>	<b>Date &amp; Time</b>	<b>Batch number/ Expiry date</b>	<b>Site of injection</b>	<b>Immuniser</b>	<b>Where administered (school)</b>
COVID19					