

Child Immunisation Consent Form

This form is for parents/guardians to give permission for their child to be vaccinated when the parent/guardian is unable to attend the appointment with the child.

Name of parent/guardian:

Child's name and NHS number (if known):

Address of parent/guardian:

Postcode:

Phone number of parent/guardian:

Date of birth of child:

Date of vaccination:

Please inform the person giving the vaccination, if your child:

- has had a severe reaction to any medicines, including vaccines,
- is allergic to anything, or
- has a condition for which he or she has, or is, receiving medical treatment.

Vaccines may contain minute traces of animal products and other components. If you have concerns about any of the contents in the vaccine you can check at:

<http://www.medicines.org.uk/emc/>

If you are signing this at home and/or are unable to speak to the person giving the vaccination, this web link gives full details about what the vaccine is for and how it will be given. It also describes any expected side effects that may occur afterwards.

By signing this form you will be giving consent for your child to have the vaccination (s).

Having read the above information, I agree to my child being vaccinated with:

(enter details of the vaccines below)

Signed:

Name:

Date:

**PLEASE ENSURE THAT YOU BRING YOUR CHILD'S RED BOOK
TO THE APPOINTMENT**