NHS

Parental Consent

COVID-19 vaccination consent form

The COVID-19 vaccination will reduce the chance of you suffering from COVID-19 disease. Like all medicines, no vaccine is completely effective, and it takes a few weeks for your body to build up protection from the vaccine. Some people may still get COVID-19 despite having a vaccination, but this should lessen the severity of any infection.
The vaccine cannot give you COVID-19 infection, and two doses will reduce your chance of becoming seriously ill. 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

follow the guidance in your workplace, including wearing the correct personal protection equipment and taking part in any screening programmes. Like all medicines, vaccines can cause side effects. Most of these are mild and short-term, and not everyone gets them.

Please read the product information for more details on the vaccine and possible side effects by searching Coronavirus Yellow Card. You can also report suspected side effects on the same website or by downloading the Yellow Card app. Visit coronavirus-yellowcard.mhra.gov.uk

Name of parent / guardian (first name and surname):	Daytime contact telephone number of parent / guardian:
Child's Full name (first name and surname):	Date of birth of Child:
NHS number (if known):	Ethnicity:
Home address: Post Code:	Gender: ☐ Male ☐ Female ☐ Prefer not to say
GP name and address:	☐ I am the parent / guardian of the above-named child.

Consent for a course of COVID-19 vaccination (please complete one box only)

I want my child to receive the full course of COVID-19 vaccination	I do not want my child to receive the full course of COVID-19 vaccination
Name	Name
Signature	Signature
Date	Date

If, after discussion, you decide that you do not want your child to have the vaccine, it would be helpful if you would give the reasons for this below/on the back of this form (and return to the provider).

Please bring this consent form to the vaccination appointment. You may be asked to complete it there.

Office use only

Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Brand of Vaccine	Immuniser name and signature (please print)	Where administered (care home, home, GP etc)
Firs	L arm	R arm				
Second	L arm	R arm				