

Initials and Date

Form reviewed
by School Nurse

Name checked
against class list



Community Health Stockport
Your Partner in Health

School Health Parental/Guardian Td/IPV and MMR Immunisation Consent Form

Please read the enclosed leaflet "Teenage Immunisations". You are consenting for the 5th and final dose of Tetanus/ Diphtheria/ Inactivated Polio. There is also the opportunity for your child to be given a MMR. If your child has had 2 MMRs, no further doses are needed. Only contact your GP if you have recently moved into the Stockport area. We have records of all immunisations given in Stockport.

Name:		Date of Birth:	
Address:		Postcode:	
Any previous addresses:		Name of Parent/ Guardian:	
		Daytime telephone number:	
School:		Form group:	
Name and address of GP/ Health Centre:			
By this age your child should have had 2 MMR vaccinations, please write here the dates of injection: 1 st <input type="text"/> 2 nd <input type="text"/> None <input type="checkbox"/>			

TO BE COMPLETED BY PARENT/ GUARDIAN

Relationship to young person	YES (please give further details)	NO
Does the young person have any medical conditions? Is the young person currently using medicines/ inhalers?		
Has the young person ever had problems with previous injections? Has the young person any severe allergies to antibiotics, foods or other causes (e.g. Latex, Nuts, Eggs, stings etc)?		
Has the young person had a tetanus/ diphtheria/ polio vaccination since their pre-school booster? (e.g. after an accident, for a holiday, sent for by GP etc)		
Has the young person had any other injections in the last 6 months? Has the young person got any injections planned in the next 3 weeks?		

PARENT/GUARDIAN CONSENT (For each vaccination please tick only **ONE** box)

<ul style="list-style-type: none"> I have understood and read the attached leaflet 'Teenage Immunisations' in particular the section of benefits and side effects. I confirm that all those with parental responsibility consent to the proposed immunisations
I want the child named above to receive the combined Td/IPV booster vaccine AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/>
Name
Relationship to Young Person
Signature
Date

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I want the child named above to receive the combined MMR booster vaccine AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/>
Name
Relationship to Young Person
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If, after discussion, you and your child decide that you do not want him/her to have the vaccine; it would be helpful if you would give the reasons for this in the comment box overleaf, and return the form to their School. Thank you.

COMMENT BOX

FOR OFFICE USE ONLY					
Has the young person answered the standard questions prior to immunisation					Yes / No
Vaccination	Date & Time	Batch number/ Expiry date	Site of injection	Immuniser	Where administered (school, college, GP etc)
Tetanus/ low dose Diphtheria/ Inactivated Polio					
Measles/ Mumps/ Rubella					