

IMMUNISATION CONSENT FORM FOR MENINGITIS C VACCINATION 2015

An immunisation session is planned to take place in your child's school. Your child will be offered the vaccine above. Please complete the section below and return to school within 7 days.

Child's Full Name (First name and SURNAME)	Date of Birth:	School:
Home Address:	Daytime Contact Number:	Class:
GP Name and Address	NHS Number (if known)	

Please list any immunisations given in the last three months, previous reactions to immunisations, known allergies, regular medications or serious health problems:

The consent form must be completed by a parent/guardian with parental responsibility. Parents/guardians must act in their child's best interest in considering consent. Children age 16 years and older, and younger children who fully understand the issues, are legally able to make their own decision about consent.

Any immunisation your child receives will be recorded and shared within the NHS for the purpose of normal record keeping.

PARENT to complete if you want your child to have the Meningitis C vaccinations.	CHILD to complete if you want to have the Meningitis C vaccinations.
Name:	Name:
Signature: Parent/Guardian	Signature: Child
Date:	Date:

Thank you for completing this form. The section below is for health service use only

Date/time	Vaccine	Site of injection	Batch number	Expiry	Name of immuniser (please print)	Signature of immuniser

Comments: