Oxford Health NHS
NHS Foundation Trust

UK Immunisation Programme
Consent Form

PLEASE COMPLETE USING A BALLPOINT PEN

Child's Surname	Child's First Name	Date of Birth	Male/Female

Home Address Postcode	Contact telephone numbers
GP Name and Address	**NHS Number**
School	**Tutor Group**

Severe Allergies	Medical Conditions	Regular Medication

Immunisation History – UK Schedule

This information is important; if you are unsure please check with your Doctor /GP surgery

Meningococcal groups ACWY disease (MenACWY) YEAR 11's ONLY

As part of your child's childhood vaccination programme we are now offering all year 11 pupils the opportunity to be protected against 4 strains of the meningococcal virus.

In order to be protected against these 4 strains of Meningitis your child requires a MenACWY immunisation **unless** they have already received this after 10 years of age. If so please contact us to discuss. For further information go to http://www.nhs.uk/conditions/vaccinations/pages/men-acwy-vaccine.aspx

Immunisation Consent

I give consent for my child to receive the following immunisation (please tick)	*Yes*	*No*
Meningococcal groups ACWY (MenACWY)		

Name(print)_____(Parent/Guardian) **Signature**_____

Date:_____

Reason consent refused (PTO for additional space)

Thank you for completing this form, please return to school

For office use only:

Vaccine name	Date	Time	Site of injection		Batch No/Expiry date	Immuniser name	Immuniser signature	Place of administration: e.g: school
			L arm	R arm				