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**<br><br>**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**

***Tetanus, Diphtheria and Inactivated Polio Vaccine (Td/IPV)***

The fifth booster given to teenagers is now due
In order to be fully protected your child should have already received four Td/IPV immunisations, three as a baby and one when aged 3-4 years, before starting school.

**Meningococcal groups ACWY disease (MenACWY)**

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

**Catch up - Measles, Mumps and Rubella (MMR)**

In order to be fully protected only two MMR immunisations are required and have usually been given before your child started school. **MMR is only needed if your child has not already had two MMRs**

## Immunisation Consent

| ***I give consent for my child to receive the following immunisations (please tick)*** | *Yes* | *No* |
|---|---|---|
| Tetanus, Diphtheria and Polio (Td/IPV) | | |
| Meningococcal groups ACWY (MenACWY) | | |
| **Catch up for MMR -**My child has **not** had 2 Measles, Mumps and Rubella (MMR) immunisations and needs another now | | |

**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 | Date | Time | Site of IM injection | | Vaccine Name | Batch No/Expiry Date | Immuniser (print and sign) | Place of administration eg: school |
|---|---|---|---|---|---|---|---|---|
| Td/IPV | | | L arm | R arm | | | | |
| MenACW/Y | | | L arm | R arm | | | | |
| MMR | | | L arm | R arm | | | | |