

Human Papillomavirus (HPV) VACCINATION CONSENT FORM



**Thank you for completing this form. Please discuss this
with your child and return to the school within one week of receipt.**

The Q&A sheet that accompanies this form tells you about the vaccination, why it is being offered and the virus it protects against. For further information please visit www.nhs.uk (search for HPV).

Child's full legal name (<i>first name and surname</i>) and preferred name if different:		Date of Birth:
PLEASE ALSO COMPLETE YOUR CHILD'S NAME AND DATE OF BIRTH OVERLEAF		
Home address:		Daytime contact telephone number/mobile for parent/guardian:
Postcode:	NHS Number:	Ethnicity:
School		Year group/Class:
GP name and address:		

	YES	NO
Does your daughter have any allergies?		
Is your daughter taking any medication?		
Does your daughter have any medical conditions?		
If you have answered yes to any of the above or there is any other information you wish to share with us, please give details.		

Consent for HPV Vaccination Course *(Please complete one box only)*

<p>YES I CONSENT for my child to receive the full HPV vaccination course.</p> <p><i>By giving consent you agree to the following statements (if not, please delete)</i></p> <p>I have read the enclosed parental letter & HPV information leaflet</p> <p>I understand that the information provided will be shared with my GP to updates my child's health record.</p>	<p>NO I DO NOT CONSENT for my child to receive the full HPV vaccination course.</p> <p><i>Please tick reason for declining below and return form to school.</i></p> <p><input type="checkbox"/> Do not feel that the vaccine is necessary</p> <p><input type="checkbox"/> Due to a previous allergic reaction to the vaccine</p> <p><input type="checkbox"/> Other <i>(Please state) use separate sheet if necessary</i></p> <p>.....</p> <p>.....</p>
Full Name of person with Parental Responsibility:	Full Name of person with Parental Responsibility:
Signature of person with Parental Responsibility:	Signature of person with Parental Responsibility:
Date:	Date:

I confirm I have parental responsibility for the above named child

