



COVID 19



# Vaccination consent form for children and young people

The COVID-19 vaccine is being offered to your child. Your child will receive their first COVID-19 vaccine and you may be notified about the second dose later. The leaflet sent with this form includes more information about the vaccines currently in use. Please discuss the vaccination with your child, then complete this form before it is due. Information about the vaccinations will be put on your child's health records.

|   |  |
|---|--|
| Child's full name (first name and surname): | Date of birth:                                     |
| Home address:                               | Daytime contact telephone number for parent/carer: |
| NHS number (if known):                      | Ethnicity:   |
| School (if relevant):                       | Year group/class:                                  |
| GP name and address:                        |  |

## Consent for COVID-19 vaccination (Please complete **one** box only)

|  |  |
|--|--|
| <b>I want</b> my child to receive the COVID-19 vaccination | <b>I do not want</b> my child to have the COVID-19 vaccine |
| Name:  | Name:  |
| Signature:<br>Parent/Guardian                              | Signature:<br>Parent/Guardian                              |
| Date:  | Date:  |

Ask for the [What to expect after your COVID-19 vaccination leaflet](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people) at [gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people). It will tell you about the side effects and how to report them to the [Yellowcard scheme](https://www.yellowcard.mhra.gov.uk) at [yellowcard.mhra.gov.uk](https://www.yellowcard.mhra.gov.uk).

If after discussion, you and your child decide that you do not want them to have the vaccine, it would be helpful if you would give the reasons for this on the back of this form.

| OFFICE USE ONLY              |                                   |       |                           |                          |  |
|------------------------------|-----------------------------------|-------|---------------------------|--------------------------|--|
| Date of COVID-19 vaccination | Site of injection (please circle) |       | Batch number/ expiry date | Immuniser (please print) | Where administered ( hub, PCN, GP etc) |
| First                        | L arm                             | R arm |                           |                          |  |
| Second                       | L arm                             | R arm |                           |                          |  |