

**Vaccination Consent Form**  
 For Tetanus, Diphtheria/Inactivated Polio Vaccine (Td/IPV)  
 Meningococcal groups ACWY  
 Measles, Mumps & Rubella (MMR)

Child's surname	First Name	Date of Birth	Male/Female
Home Address		Contact telephone numbers	
Postcode			
GP Name and Address		NHS Number	
		Ethnicity	
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)**  
 In order to be fully protected your child should have received a 4 Diphtheria/Tetanus/Inactivated Polio immunisations before starting school.

- Did your child receive 3 DTaP/IPV/Hib immunisations as a baby? Yes  No
- Did your child receive DTaP/IPV immunisation before starting school? Yes  No

The 5<sup>th</sup> and final Td/IPV is now due. Or if your child has already received the 5<sup>th</sup> dose please give date: .....

**Meningococcal groups ACWY**  
 In order to fully protect your child is now due the Meningococcal ACWY Vaccine. If your child has already had this over the age of 10 please give date: .....

**Measles, Mumps & Rubella (MMR)**  
 Only 2 MMR immunisations are required for your child to be fully protected. These are normally given before your child starts school.

- Did your child receive their first MMR immunisation around their first birthday? Yes  No
- Did your child receive a second MMR immunisation before starting at primary school? Yes  No

If you have ticked either of the 'No' boxes, please contact your GP surgery to book an appointment for vaccination.

**Immunisation Consent**

I give my consent for my child to receive the following immunisations (please tick)	Name (print)
Tetanus, Diphtheria and Polio (Td/IPV) <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	Parent/Guardian
Meningococcal groups ACWY <span style="float: right;">Yes <input type="checkbox"/> No <input type="checkbox"/></span>	Signature & Date:
Reason consent refused:	

If the form is not returned, your child will be asked on the day if they would like to self-consent.

Vaccine	Date	Site of IM injection		Vaccine Name	Batch No/Expiry date	Immuniser	Signature
Td/IPV		L arm	R arm				
Men ACWY		L arm	R arm				

Entered on SystemOne (date): .....

By: .....