

Measles Mumps and Rubella Vaccination CONSENT FORM

The Immunisations being offered are:

- MMR (Measles, Mumps, Rubella) Dose One / DOSE Two

Young person's FULL NAME (<i>first name and surname</i>):	Date of Birth:
Home address and post code:	Daytime contact telephone number for parent/carer:
NHS number (<i>if known</i>):	Ethnicity:
	Male <input type="checkbox"/> Female <input type="checkbox"/>
School:	Year group/class:
GP name, address and post code:	

- | | | |
|--|----------------------------------|---------------------------------|
| Has your child had an anaphylactic reaction (extreme allergic reaction) to anything? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| Does your child carry an emergency epipen? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| Does your child have a medical condition that lowers their immunity? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| Does your child have a bleeding/bruising disorder? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |

If **YES** to any of the above then the immunisation service may contact you for further information. Please ensure you add a contact telephone number.

Additional Comments:

Consent from one parent with parental responsibility/ guardian: OR student if Gillick competent

I want my Child to receive their MMR vaccinations

I do not want my Child to receive their MMR Vaccinations

Name (Please print):
Parent/Guardian/ Student

Name (Please print):
Parent/Guardian/ Student

Signature
Parent/Guardian/ Student

Signature
Parent/Guardian/ Student

Date

Date

Thank you

FOR OFFICE USE ONLY*NURSES IMMUNISATION CHECK LIST**

YES	NO
-----	----

Are the details correct on the immunisation consent form?		
Has the consent form been signed by person with parental responsibility?		
Is the young person well today?		
Is there any possibility the young person maybe pregnant?		
Has the young person had any vaccines in the last 4 weeks?		
Has the patient been given post immunisation advice?		

The information below is required by the nurse if the consent form is not signed by a parent/guardian and the young person wants to receive their immunisations.

YES	NO
-----	----

Has the young person had the opportunity to contact parent/guardian?		
Has the Health Professional contacted the parent/guardian?		

GILLICK GUIDELINES CHECK LIST

A young person has competency to consent when they:

YES	NO
-----	----

a) Understand what immunisations are to be given?		
c) Understand what Measles Mumps and Rubella diseases are?		
e) Understand the risks of not having the vaccine and possible side effects?		
Retain the information		
Use or weigh that information as part of the process of making that decision		
Communicate that decision		

Yes, I consent to the MMR vaccination

Signed (Child signature) (Print) (Date)

Signed (Nurse signature) (Print) (Date)

Date		Nurse/Clerical Comments				Signature
	Date Administered	Site of Injection (Please circle)		Name/Batch number/ expiry date	Immuniser (Please print)	Where administered (School, College, GP, etc)
MMR Dose 1		L arm	R arm			
MMR Dose 2		L arm	R arm			