

**Adolescent Booster and Meningitis ACWY Vaccination
 CONSENT FORM**

The immunisations being offered are:

- Adolescent Bcooster vaccine, this combined vaccine protects against tetanus, diphtheria and polio, (Td/IPV), this booster (5th dose), is being offered to your child at school.
- Meningitis ACWY is being offered to your child at school.

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 [] No []
- Has your child received a Tetanus, Diphtheria and Polio booster at the GP or A&E in the last 5 years? Yes [] No []
- Does your child carry an emergency epipen? Yes [] No []
- Does your child have a medical condition? Yes [] No []
- Does your child have a bleeding/bruising disorder? Yes [] No []
- Has your child had two MMR vaccines? Yes [] No []

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 Adolescent Booster and Meningitis ACWY

Name (Please print):
 Parent/Guardian/
 Student

Signature
 Parent/Guardian/
 Student

Date

I do not want my Child to receive their Adolescent Booster and Meningitis ACWY

Name (Please print):
 Parent/Guardian/
 Student

Signature
 Parent/Guardian/
 Student

Date

Please return this form to school.

***FOR OFFICE USE ONLY**
NURSES IMMUNISATION CHECK LIST

YES	NO
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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?		
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
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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
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a) Understand what immunisations are to be given?		
b) Understand what Meningitis and the strains ACWY are?		
c) Understand what Diphtheria, Tetanus, and Polio 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 Adolescent Booster / Meningitis ACWY immunisation

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)
Td/IPV		L arm	R arm			
Men ACWY		L arm	R arm			