



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. Further information can be found on the DfE website:

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>

Please discuss the vaccination with your child, then complete this form **by Monday 18<sup>th</sup> October 2021 at 4pm**. 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:	

Ask ALL patients ALL questions below and tick if any apply

### EXCLUSION CHECKLIST – tick any that apply

- Has your child tested positive for COVID-19 in the last 28 days (by a lateral flow test or a PCR test)?
- Has the individual experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine?
- Has the individual had any vaccination in the last 7 days?
- Is the individual currently unwell with fever?
- Has the individual ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?
- Has the individual ever had an unexplained anaphylaxis reaction?
- Does the individual have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?
- Does the individual have a history of capillary leak syndrome?
- None of the above

### CAUTION CHECKLIST – tick any that apply

- Has the individual indicated they are, or could be pregnant?
- Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine?
- Is the individual taking anticoagulant medication, or do they have a bleeding disorder?
- Does the individual currently have any symptoms of Covid-19 infection?
- None of the above

## 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 vaccination
Name:	Name:
Signature: Parent/Guardian	Signature: Parent/Guardian
Date:	Date:

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.

Ask for the [What to expect after your COVID-19 vaccination leaflet 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 at [yellowcard.mhra.gov.uk](https://yellowcard.mhra.gov.uk).

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			