

COVID-19 VACCINATION CONSENT FORM (12-15)

If possible, please complete in advance and present at the vaccination appointment.

GP Practice Name:		
Child's Full Name (First Name & Surname):	Date of Birth:	Gender
Home Address:		Contact telephone number:
Postcode:		
Email Address:		NHS Number (if known):
Ethnicity:	School:	Year Group/Class:
Religion:		

Has your child had their first COVID-19 Vaccination?	Yes / No	Date administered:
Has your child had their second COVID-19 Vaccination?	Yes / No	Date administered:
Does your child have an allergy?	Yes / No	Please give details:
Is your child taking any medicines or receiving any medical treatment?	Yes / No	Please give details:

CONSENT FOR THE VACCINATION (Please complete one column only)

I have read and understood the information provided regarding the Covid-19 Vaccination	
I <u>DO CONSENT</u> for my child to receive the COVID-19 vaccination, Pfizer-BioNTech BNT162b2.	I <u>DO NOT CONSENT</u> for my child to receive the COVID-19 vaccination, Pfizer-BioNTech BNT162b2.
Print Name: Parent / Guardian (Local authority if applicable)	Print Name: Parent / Guardian (Local authority if applicable)
Signature: Parent / Guardian (Local authority if applicable)	Signature: Parent / Guardian (Local authority if applicable)
Relationship to Child:	Relationship to Child:
Date:	Date:

UNSURE CURRENTLY

If you are unsure and would like to discuss this further, please contact your GP or a healthcare professional involved with your child.

Official use only	
Consent updated to PINNACLE: YES/NO	Name:
Consent update to EMIS: YES/NO	Name: