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. The accompanying letter sent with this form includes where to access further information about the programme. Please discuss the vaccination with your child, then complete this form before it is due. Information about the vaccinations will be put on your child’s health records.

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| **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:** | **Year group/class:** |
| **GP name and address:** |

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| **Has your child:** | **Yes** | **No** | **If you have answered Yes to any of the questions, please give further details:** |
| Have you ever had Covid vaccine before?(for example: as part of a trial, in another country and/or because they are in an at-risk group) |  |  | If Yes, what date? |
| Did they have any reaction or adverse events? |
| Had an illness with a temperature (fever) in the last week? |  |  |  |
| Had any other vaccines in the last 7 days? |  |  |  |
| Got any long-term medical conditions that require on-going hospital treatment or are they waiting to see a specialist? |  |  |  |
| Had a positive Covid test in the last 4 weeks? |  |  | If Yes, what date(s): |
| Ever had to go to hospital following a severe allergic reaction? |  |  |  |

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| **Consent for COVID-19 vaccination** (please complete **one** box only) |
| I **want** my child to receive the COVID-19 vaccination | I **do not want** my child to have the COVID-19 vaccination |
| Name: | Name: |
| Signature: | Signature: |
| Relationship to child: | Relationship to child: |
| Date: | Date: |

**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.u](http://yellowcard.mhra.gov.uk)k.

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| **Name****DOB** | **Yes** | **No** |
| Has the young person had any vaccination in the last 7 days? |  |  |
| Is the young person currently unwell with fever? |  |  |
| Has the young person ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine? |  |  |
| Has the young person ever had an unexplained anaphylaxis reaction? |  |  |
| Has the young person indicated they are, or could be pregnant? |  |  |
| Has the young person informed you they are currently or have been in a trial of a potential coronavirus vaccine? |  |  |
| Is the young person taking anticoagulant medication, or do they have a bleeding disorder? |  |  |
| Does the young person currently have any symptoms of Covid -19 infection? |  |  |

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| **Administration of: Pfizer/BioNTech COVID-19 mRNA Vaccine (Comirnaty®) under National Protocol** **0.3 mL dose administered intramuscularly (IM)**  |
| Dose | Date Given | Time | Site of injection (please circle) | Batch Number & Expiry date | Immuniser | Where givene.g school/clinic |
| Dose 1 |  |  | L arm | R arm |  | Name:Signature:Designation: |  |