

Initials and Date

Form reviewed
by School Nurse

Name checked
against class list



Stockport
NHS Foundation Trust

Consent form for COVID19 Vaccination

The COVID-19 vaccine is being offered to your child. If your child has not already received the first dose you can consent for this. If your child has already received the first dose you can consent to the 2nd dose. Please tick the relevant consent box. Please discuss the vaccination with your child and anyone else who holds parental responsibility, and then complete this form using the same details registered with your child's GP. The form should be completed by a person with parental responsibility for your child. Information about the vaccinations will be put on your child's health records. Vaccinations are offered by Stockport NHS Foundation Trust working in partnership with Stockport Council.

Child's full name: (first name and surname)	Male/Female/Prefer not to say	Date of Birth:
Name known as- Gender at birth if different:		
NHS Number – if known		Ethnicity
Home Address:	Postcode:	Daytime Telephone number of parent/carer
		Email address of parent/carer
School:		Form group:
Name, address and telephone no. of GP		

TO BE COMPLETED BY PARENT/ GUARDIAN

	YES (please give further details)	NO
Does the young person have any medical conditions? Is the young person currently using medicines/ inhalers?		
Has the young person ever had problems with previous injections? Has the young person any severe allergies to antibiotics, or other causes (e.g. Latex)?		
Has the young person had any other vaccine in the last 7 days?		
Has the young person had a Positive PCR test for COVID19 in the last 12 weeks?. If yes, please note there needs to be a 12 week gap before a covid vaccine can be given, please provide the date of positive PCR test		
Has the young person had the first dose of the Covid19 vaccine? If so please provide the date it was given.		

PARENT/GUARDIAN CONSENT

• I confirm that all those with parental responsibility consent to the proposed immunisation.
I want the child named above to receive the COVID19 vaccine (please tick) 1 st dose <input type="checkbox"/> 2 nd dose <input type="checkbox"/>
AGREE <input type="checkbox"/> DISAGREE <input type="checkbox"/>
Name (of parent/ carer)
Relationship to Young Person
Signature
Date

If, after discussion, you and your child decide that you do not want him/her to have the vaccine; you still need to complete the form and give the reasons for this in the comment box overleaf, and return the form to their School. Thank you.

COMMENT BOX

FOR OFFICE USE ONLY

Has the young person answered the standard questions prior to immunisation Yes / No

Vaccination	Date & Time	Batch number/ Expiry date	Site of injection	Nurse <input type="checkbox"/> Un-registered vaccinator <input type="checkbox"/>	Where administered (school)
COVID19 1 st / 2 nd dose					
COVID19 2 nd dose					