

Parent/guardian to complete

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. Information on the vaccines can be found at [COVID-19 vaccination: resources for children and young people - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/collections/covid-19-vaccination-resources-for-children-and-young-people). Please discuss the vaccination with your child, and then complete this form before it is due. Information about the vaccinations will be put on your child's health records.

Student details		
Surname:	First name:	
Date of birth:	Ethnicity:	School and class:
NHS number (if known):	Gender:	
Home address:	Day time contact Number:	GP name and address:
Post code:		
Has your child had a positive COVID test? <i>(If your child has had a positive COVID test please state date)</i>		Yes* <input type="checkbox"/> No <input type="checkbox"/> DD/MM/YY
Has your child had a COVID vaccination?		Yes* <input type="checkbox"/> No <input type="checkbox"/>
Has your child had a severe allergic reaction to any injection or medication? <i>(needing hospital care)</i>		Yes* <input type="checkbox"/> No <input type="checkbox"/>
*If you answered Yes to any of the above, please give details:		
Ask for the What to expect after your COVID-19 vaccination leaflet at COVID-19 vaccination: resources for children and young people - GOV.UK (www.gov.uk) . It will tell you about the side effects and how to report them to the Yellowcard scheme at yellowcard.mhra.gov.uk .		
Consent for immunisation (please tick YES or NO)		
YES, I consent for my child to receive the COVID 19 Immunisation. <input type="checkbox"/>	NO, I DO NOT consent to my child receiving the COVID 19 Immunisation. <input type="checkbox"/>	
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.		
Signature of parent/guardian <i>(with parental responsibility):</i>		Date DD/MM/YYYY



FOR OFFICE USE ONLY 1st COVID Vaccine

Vaccine details

Date:

Time:

Batch number:

Expiry date:

Right Deltoid Left Deltoid

Administered by

Name, designation and signature:

Date:

FOR OFFICE USE ONLY 2nd COVID Vaccine

Vaccine details

Date:

Time:

Batch number:

Expiry date:

Right Deltoid Left Deltoid

Administered by

Name, designation and signature:

Date: