



COVID-19 vaccination Consent Form for children and young people

The COVID-19 vaccine is being offered to all children aged 12-15 years old. Your child will receive their 1st and/or 2nd COVID-19 vaccine in school. Please discuss the vaccination with your child, then complete this form before it is due. For more information, please go to <https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>. Information about the vaccinations will be put on your child's health records.

Please complete in black ink and return to your child's school.

Child's details

Child's Surname:		Date of Birth:	
First Name:		NHS Number (if known):	
Gender: Male/Female/other		School and class:	
Home Address:	GP name and address:		
Home Telephone Number:	Ethnicity:		
Parent/Guardian Mobile:			

Important information about this immunisation

Has your child received a COVID-19 Vaccine previously? Date of 1 st dose..... Date of 2 nd dose.....	No	Yes
Has your child tested positive for COVID-19 in the last 12 weeks?	No	Yes
Does your child have any known allergies? If so please give details below: Has your child required hospital treatment for this allergy?	No	Yes
Does your child have any long-standing medical conditions? If so please give details below:	No	Yes
Is your child taking any medicines, steroids, inhalers or other tablets? If so please give details below.	No	Yes

Consent for COVID-19 immunisation (please complete one section only)

YES, I consent for my child to receive the COVID 1st and/or 2nd dose immunisation.
Signature of parent / guardian (with parental responsibility):

Relationship to child:

Date:

NO, I DO NOT consent for my child to receive the COVID immunisation.
Signature of parent/ guardian (with parental responsibility):

Relationship to child:

Date:

