



COVID-19

**Vaccination Consent Form for Children and Young People**

The **Pfizer BioNTech Covid-19 Vaccine** is being offered to your child. The leaflets sent with this form includes more information about the vaccines currently in use. Please discuss the vaccination with your child, then **complete this form** before it is due. Information about the vaccination will be put on your child's health record.

Child's Full Name (First Name and Surname including any other names your child may be known as)	
Gender	
Date of Birth	
Home Address	
Postcode	
NHS Number – <b>this is required</b> and can be found via the following link – <a href="https://www.nhs.uk/nhs-services/online-services/find-nhs-number/">https://www.nhs.uk/nhs-services/online-services/find-nhs-number/</a>	
GP Name and Address	
Ethnicity	
Name and Daytime Telephone Number for parent/carer	
School	
Class/Year Group	

**PLEASE COMPLETE THE FOLLOWING CHECKLIST FOR YOUR CHILD.** If you tick yes to any of the answers below, your school Immunisation team may contact you for further information. Please let the school know if anything changes prior to the date of your child's Covid Immunisation session or your child is unwell on the day.

Has your child	YES	NO	If you ticked the YES box, please provide further details
<b>Ever had a Covid vaccine before?</b> (For example, as part of a trial, or because they are in an at-risk group)	<input type="checkbox"/>	<input type="checkbox"/>	<b>What date(s)</b>  <b>Did they have any reaction or adverse events?</b>



NAME OF CHILD			
Has your child	YES	NO	If you tick the YES box, please provide further details
Had an illness with a temperature (fever) in the last week?	<input type="checkbox"/>	<input type="checkbox"/>	
Had any other vaccines in the last 7 days?	<input type="checkbox"/>	<input type="checkbox"/>	
Got any long-term medical conditions that require on-going hospital treatment or are they waiting to see a specialist?	<input type="checkbox"/>	<input type="checkbox"/>	Please provide details
Had a positive Covid test in the last 4 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, what date(s)
Ever had to go to hospital following a severe allergic reaction?	<input type="checkbox"/>	<input type="checkbox"/>	

Read what to expect after your COVID-19 Vaccination leaflet at- <https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people>

It will tell you about side effects and how to report them at the Yellow Card Scheme at- <https://yellowcard.mhra.gov.uk/>

**PLEASE ENSURE ALL SECTIONS OF THIS FORM ARE COMPLETED – INCLUDING THE SIGNED CONSENT BELOW**

I <b>WANT</b> my child to receive the COVID-19 Vaccination	I <b>DO NOT WANT</b> my child to receive the COVID-19 Vaccination
Name of Parent/Carer	Name of Parent/Carer
Signature	Signature
Date	Date

If, after discussion with your child you decide that you do not want them to have the vaccine, it would be helpful if you give the reason for this below –

