**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.**

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| --- | --- | --- | --- | --- | --- | --- |
| **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:  Parent/Guardian Mobile: | | Ethnicity: | | | | |
| **Important information about this immunisation** | | | | | | |
| Has your child received a COVID-19 Vaccine previously?  **Date of 1st dose…………………….. Date of 2nd 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: | | | |