**HRCH COVID 19 Vaccination Consent Form**

For any queries, issues or help completing this form please contact us on hrch.schoolcovid19vaccine@nhs.net or 020 8614 5306

## YOUNG PERSON'S VACCINATION CONSENT FORM FOR COVID-19 VACCINATION

Has your child tested positive for COVID-19 during the last 12 weeks? \*

Yes

No

## If your child has tested positive for Covid-19 they will need to wait for 12 weeks before receiving a Covid-19 Vaccination.

## Demographic Details

YOUNG PERSONS DETAILS: \*

First Name:

Last Name:

Address \*

Address Line 1:

Address Line 2:

Postcode:

Date of Birth: \*

/ / /

|  |  |
| --- | --- |
|  | Male |
|  | Female |
|  | Prefer not to say |

Gender:

School Name:

Class/Form:

Doctor’s name/ Surgery:

NHS number (if known):

Parent’s Mobile Number: \*

Parent’s Email Address:

Does your child require a first or second COVID-19 vaccination? An interval of 12 weeks is required between 1st and 2nd doses \*

 First dose of a Covid-19 vaccination

Second dose of a Covid-19 vaccination

If you have selected Second dose of a Covid-19 vaccination, please state when your child had their first dose of the COVID-19 vaccination?

Date:

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## Parental/ Guardian Consent

I confirm that I have parental responsibility for this child.

We accept consent from one person with parental responsibility. If there is a reason why we should not accept consent from one parent i.e. a court order is in place, please give details below.

Please select... \*

I CONSENT for my Child to have the Covid 19 vaccination in school

I DO NOT CONSENT for my Child to have the Covid 19 vaccination in school

If you DO NOT CONSENT please let us know why

Parent’s Name \*

First Name:

Last Name:

|  |  |  |
| --- | --- | --- |
|  | Mother |  |
|  | Father |  |
|  | Other |  |

Relationship to child:

If Other please specify

/ / /

Date: \*

The Registered nurse will review the information you share below before giving the vaccination. Please complete this fully for the nurse to able to advise on vaccination.

To prevent error in vaccination, if anything should change or if my child attends any other venue for this vaccine I will inform the team as soon as possible.

Has your child already received the COVID vaccine? \*

Yes No If Yes, please specify

Does your Child have a chronic or long-term condition or taking any regular medication? \*

Yes No If Yes, please specify

Does your child have a history of allergies? \*

Yes No If Yes, please specify

Does your child carry an EpiPen? \*

Yes No If Yes, please specify

Has your child ever had an anaphylactic reaction to a medicine, vaccine, injected antibody preparation or a medicine likely to contain PEG (such as depot steroid injection, laxative)? \*

Yes No If Yes, please specify

Does your child have a history of unexplained anaphylaxis or severe allergic reactions? \*

Yes No If Yes, please specify

Does your child have a bleeding disorder or take anti-coagulants? \*

Yes No If Yes, please specify

Had your child received any other immunisations (vaccinations) in the last 7 days? \*

Yes No If Yes, please specify

## Protecting your data

**Data Sharing (GDPR)**

As part of the vaccine roll out, the Trust will process the data you have provided above within a secure and limited access environment.  A record of the vaccine will be made on the National Immunisation Vaccination service (NIVS) system.

Anonymised data will be shared with NHS England via the National Immunisation Vaccination service (NIVS) as part of the Covid vaccine management.

Your child’s GP will receive an update of the vaccination information via NIVS.

The trust processes your data as part of its public task, provision of health services and public health duty under GDPR. The Trust has also been mandated by the UK government to share this data as part of the Covid 19 response under the Control of Patient Information notice.

Please see below links for further information:

<https://www.gov.uk/government/publications/coronavirus-covid-19-notification-of-data-controllers-to-share-information/coronavirus-covid-19-notice-under-regulation-34-of-the-health-service-control-of-patient-information-regulations-2002-general>

Use of Jotform: <https://www.hrch.nhs.uk/download_file/view/842/377> -

The NIMS/NIVS privacy notice is available at: <https://www.england.nhs.uk/contactus/privacy-notice/national-flu-vaccination-programme/>

Public Health England privacy notice: <https://www.gov.uk/government/publications/phe-privacy-information/covid-19-privacy-information>

HRCH privacy notice:  Your patient records:[Hounslow & Richmond Community Healthcare (hrch.nhs.uk)](https://www.hrch.nhs.uk/patients-and-families/your-patient-records)