



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. Further information can be found on the DfE website:

<https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people> Please discuss the vaccination with your child, then complete this form. Information about the vaccinations will be put on your child's health records.

Child's full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
NHS number (if known):	Ethnicity:
School (if relevant):	Year group/class:
GP name and address:	

EXCLUSION CHECKLIST – tick any that apply

- Has your child tested positive for COVID-19 in the last 28 days (by a lateral flow test or a PCR test)?
- Has the individual experienced major venous and/or arterial thrombosis occurring with thrombocytopenia following vaccination with any COVID-19 vaccine?
- Has the individual had any vaccination in the last 7 days?
- Is the individual currently unwell with fever?
- Has the individual ever had any serious allergic reaction to any ingredients of the Covid-19 vaccines, drug or other vaccine?
- Has the individual ever had an unexplained anaphylaxis reaction?
- Does the individual have a history of heparin-induced thrombocytopenia and thrombosis (HITT or HIT type 2)?
- Does the individual have a history of capillary leak syndrome?
- None of the above

CAUTION CHECKLIST – tick any that apply

- Has the individual indicated they are, or could be pregnant?
- Has the individual informed you they are currently or have been in a trial of a potential coronavirus vaccine?

- Is the individual taking anticoagulant medication, or do they have a bleeding disorder?
- Does the individual currently have any symptoms of Covid-19 infection?
- None of the above

Please complete one of the sections below

I do want my child to receive the COVID-19 vaccination

Name:

Signature:
Parent/Guardian

Date:

I do not want my child to have the COVID-19 vaccine

Name:

Signature:
Parent/Guardian

Date:

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 for this here:

Ask for the What to expect after your COVID-19 vaccination leaflet at [gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people](https://www.gov.uk/government/publications/covid-19-vaccination-resources-for-children-and-young-people). It will tell you about the side effects and how to report them to the Yellowcard scheme at yellowcard.mhra.gov.uk.

OFFICE USE ONLY					
Date of COVID-19 vaccination	Site of injection (please circle)		Batch number/ expiry date	Immuniser (please print)	Where administered (hub, PCN, GP etc)
First	L arm	R arm			
Second	L arm	R arm			