



Human papillomavirus (HPV) Vaccination consent form

The HPV vaccine that protects against several types of cancer is being offered to your child at school. To get the best protection, two doses are required. The second injection will be usually offered six to 12 months after the first. The school will let you know when the second dose will be given. The leaflet 'Your guide to the HPV vaccination' sent with this form includes more information about the vaccine. Please discuss this with your son or daughter, then complete this consent form and return it to the school before the vaccination is due. Information about the vaccinations will be put on your child's health records. If you have any questions, contact the Immunisation Team on GHC.Immunisation@ghc.nhs.uk.

Child's full name (first name and surname):	Date of birth:
Home address:	Daytime contact telephone number for parent/carer:
Email:	Ethnicity:
School:	Year group/class:
GP name and address:	Gender (circle as appropriate): Male Female

Consent or Decline for two HPV vaccinations
Please **COMPLETE** fully and **SIGN** one of the consent boxes below
(Must be completed by Parent or Legal Guardian only)

CONSENT: I want my child to receive the full course of two HPV Vaccinations
Child's Name:
Signature: Must be signed by Parent or Legal Guardian
Date:
Name and relationship to young person (PRINT)

DECLINE: I do not want my child to have the HPV vaccine
Child's Name:
Signature: Must be signed by Parent or Legal Guardian
Date:
Name and relationship to young person (PRINT)

Please COMPLETE the health questions overleaf

Human Papillomavirus Vaccination (HPV) – (Gardasil 2 doses). It is important for your child to receive 2 injections. The second injection will be offered 6 to 12 months after the first; although it can be given up to 24 months after.

Any side effects following the HPV vaccination should be reported to the Immunisation Team on 0300 421 8140

	YES (Please Give Details)	NO
Does your child have any medical problems?		
Does your child have any severe allergies?		
Is your child taking regular medication?		
Has your child had a previous, Rubella, Mumps and Measles (MMR) Injection? Dates can be found in your red book.	Date of MMR 1 Date of MMR 2	
Has your child ever had a reaction to previous vaccinations?		
Has your child received the HPV vaccination previously?		

Thank you for completing this form. Please return it to the school as soon as possible.

..... To Be Completed with the Immunisation Nurse only

Pupil Consent: The immunisation checklist has been discussed with me and I consent to the Immunisation			
HPV 1	Pupils Signature and Date:	HPV 2	Pupils Signature and Date:

Clinician Note HPV 1:
Clinician Note HPV 2:

OFFICE USE ONLY

Date & Time of HPV vaccination	Site of injection (please circle)		Batch number/ expiry date	Immuniser (please print)	Where administered (school, college, GP etc)
	L arm	R arm			
First					
Second					