

NHS Trust

MENINGOCOCCAL ACWY: CONSENT TO VACCINATION

Name of proposed procedure: Meningococcal ACWY conjugate vaccination (MenACWY)

Last name		rst name/s	Date	of Birth	1		
Home address (ni aliny again) address and aliny again (please write in)			Daytime contact telephone number				
			for parent/guardian				
			(n				
Post Code		Not stated Z. Not stated		Asian or Asian British			
NHS number (if known)			Ethnicity (see over for codes)				
School/College			Year	Year group/form			
GP name and address			(please write in) Source: Health Solution Wales				
If your child has alreat please tell us here w		his vaccine,					
Has your child receiv	ed any vaccir		des all and load to				
the last 12 months? I Has your child ever h			ite:	se Only: Comment	ror unice us		
to a vaccine? If yes p							
Does your child have Please give details:				Comments	Date & Time		
ls your child taking a Please give details:	ny regular me	dication?					
Does your child have Please give details:	any allergies	?					
Statement of parent							
I understand that an necessary to save the	ny procedure e life of mv ch	in addition to thos ild or to prevent s	se described on this erious harm to his c	s form will only be ca or her health.	arried out if it is		
I agree to my child receiving the vaccination as described			I do <u>not</u> want my child to receive the vaccination				
Signature: Parent/Guardian with parental responsibility			Signature: Parent/Guardian with parental responsibility				
Print Name:			Print Name:				
Print Name:			Print Name:				
			Print Name: Date:				
Date:	professiona						
Date: Statement of health I have explained the	procedure to	l; o the patient. Info	Date:	/e been sent to the	patient, parent		
Date: Statement of health I have explained the guardian. I have als	procedure to o discussed	I; o the patient. Inforwhat the procedu	Date: mation leaflets have is likely to involve.	olve, the benefits ar	nd risks of any		
Date: Statement of health I have explained the guardian. I have als available alternative	procedure to so discussed treatments (in	I; the patient. Inforwhat the procedu	Date: rmation leaflets have ure is likely to invented and any part	olve, the benefits ar	nd risks of any		
Date: Statement of health I have explained the guardian. I have als available alternative patient product inforn	procedure to to discussed treatments (in nation leaflet h	I; the patient. Inforwhat the procedu	Date: rmation leaflets have ure is likely to invented and any part	olve, the benefits ar	nd risks of any		
Date: Statement of health I have explained the guardian. I have als available alternative patient product inforn FOR OFFICE USE ON	e procedure to so discussed treatments (in nation leaflet h	the patient. Information what the procedure including no treatments been given to a state of the	mation leaflets have ure is likely to invenent) and any part parent/child.	olve, the benefits ar icular concerns of the Date Vaccine	nd risks of any		
Statement of health I have explained the guardian. I have als available alternative patient product inforn FOR OFFICE USE ON	e procedure to so discussed treatments (in nation leaflet h	the patient. Information what the procedure including no treatments been given to a state of the	mation leaflets have used is likely to invenent) and any part parent/child.	olve, the benefits ar icular concerns of the Date Vaccine	nd risks of any nis patient. The		
Print Name: Date: Statement of health I have explained the guardian. I have als available alternative patient product inforn FOR OFFICE USE ON Vaccine IM 0.5 ml *Menveo® 0.5 ml	e procedure to so discussed treatments (in nation leaflet h	b the patient. Information what the procedure including no treatments been given to a state of the procedure in the procedure in the patients of the patients. In the patients of the patients of the patients of the patients. In the patients of the patients of the patients of the patients. In the patients of the patients. In the patients of the patients. In the patients of the pati	mation leaflets have used is likely to invenent) and any part parent/child.	olve, the benefits ar icular concerns of the Date Vaccine	nd risks of any nis patient. The		

Docs: Men ACWYAug2015:v2

Shropshire Community Health

Ethnic Groups

Black or Black British		
M. Caribbean		
N. African		
P. Any other Black background		
(please write in)		
Chinese or other ethnic group		
R. Chinese		
S. Any other (please write in)		
Not stated		
Z. Not stated		
(IIWOIIA II)		
01		
spethho		

Source: Health Solution Wales

For Office Use Only: Comment Sheet for Vaccinations & Immunisations

Patient Name:			NHS Number:			
Date & Time	Comments		th problems?	iy general heal	Signature Signature	
			tion?	regular medica	s your child taking any	
				ny allergies?	Ooes your child have an	
		Please give details:				
arried out if it i	m will only be ir health.					
nation	ng the vaccination as 1 do not want my child to receive the vacc			agree to my child receivi escribed		
	united on second to	ilgnature:				
	QHIGH FORMAT THE	rint Name:				
					Pate:	
		ration leaflets have b			have explained the pr	
and risks of antithis patient. The	the benefits are concerns of	e is likely to involve ent) and any perticular	it the procedur ding no treatme been given to b		available alternative tr	
					FOR OFFICE LISE ONLY	
Time	Date Vaccine Given	(mmuniser (legible signature/grint)	Batch number/ expiry date	Site of Injection	FUR DEFICE USE ONLY	
	110710		out (india	(please orole)		
				Left Right	Menyec@ 0.5 ml	