

MENINGOCOCCAL ACWY: CONSENT TO VACCINATION

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

Please complete the following details, sign and return to your child's school within one week:

Last name	First name/s	Date of Birth
Home address		Daytime contact telephone number for parent/guardian
Post Code		
NHS number (if known)		Ethnicity (see over for codes)
School/College		Year group/form
GP name and address		
If your child has already received this vaccine, please tell us here with the date:		
Has your child received any vaccinations in the last 12 months? If yes please give details and date:		
Has your child ever had an adverse reaction to a vaccine? If yes please give details:		
Does your child have any general health problems? Please give details:		
Is your child taking any regular medication? Please give details:		
Does your child have any allergies? Please give details:		

Statement of parent

I understand that any procedure in addition to those described on this form will only be carried out if it is necessary to save the life of my child or to prevent serious harm to his or her health.

I agree to my child receiving the vaccination as described	I do <u>not</u> want my child to receive the vaccination
Signature: <i>Parent/Guardian with parental responsibility</i>	Signature: <i>Parent/Guardian with parental responsibility</i>
Print Name:	Print Name:
Date:	Date:

Statement of health professional;

I have explained the procedure to the patient. Information leaflets have been sent to the patient, parent/guardian. I have also discussed what the procedure is likely to involve, the benefits and risks of any available alternative treatments (including no treatment) and any particular concerns of this patient. The patient product information leaflet has been given to parent/child.

FOR OFFICE USE ONLY

Vaccine IM 0.5 ml	Site of Injection (please circle)		Batch number/ expiry date	Immuniser (legible signature/print)	Date Vaccine Given	Time
*Menveo® 0.5 ml	Left arm	Right arm				
*Nimenrix® 0.5 ml						

*Delete as appropriate

